

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lutheran Hosp. D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County  
(c) City or town Lecoma, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

33

NR 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26  
year 1942 hour 6 minute 05P M.

21. I hereby certify that I attended the deceased from  
Jan 17 1942 to Jan 26 1942  
that I last saw him alive on Jan 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of hepatic flexure  
of Cecum

Duration

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations as above  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
(e) Means of injury  
23. Signature H. Schumacher (M. D. or other)  
Address 68114 Graven Date signed 1/27/42

3. (a) PRINT FULL NAME Anton Follmer

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elsa Follmer 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 18 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Hungary  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter Retired

11. Industry or business

12. Name Joseph Follmer

13. Birthplace Hungary  
(City, town, or county) (State or foreign country)

14. Maiden name Eva Krist

15. Birthplace Hungary  
(City, town, or county) (State or foreign country)

16. (a) Informant Elsa Follmer  
(b) Address Lecoma Mo.

17. (a) Burial (b) Date thereof 1-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter + Paul  
18. (a) Signature of funeral director with bro. & Mo  
(b) Address 2929 S. Jefferson Av.

19. (a) 1700 97 (b) J. J. Breuer  
(Date received local registrar) (Registrar's signature)

Schumacher

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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17

MAR 30 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Paul Q. Shanklin*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Paul Q. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *2929 S. Jefferson*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**