U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12107

FILED APR 6 1942

Registration District No. 1849 Primary Registration District No. 111 Registrar's No. 671

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1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town Rural Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste Genevieve 95

(c) City or town Ste. Genevieve
(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 .....

3. (a) PRINT FULL NAME Emily Stoll

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Stoll

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May 21, 1873 (Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace River Aux Vases (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business .....

FATHER
12. Name Joseph Seibert
13. Birthplace Zell (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Sophia Klein
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Wilford Stoll
(b) Address Ste Genevieve, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation Ste. Genevieve, Mo

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.,

19. (a) MAR 24 1942 (Date received local registrar) (b) C. G. McGarvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1942 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov 12, 19.., to Nov 22, 1942 that I last saw h. alive on Nov 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid Colon — Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings:
Of operations .....
Of autopsy None

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? (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Theo Hessert (M. D. or other)
Address Lesser Bldg. Clayton Date signed 3-24-42

707 (Licensed Embalmer's Statement on Reverse Side)

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 ....., Registered Apprentice No. ....., working under my personal supervision.

NOV 20 1963

Signed J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St. Louis Mo

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.