

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED MAY 6 1942
Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13822
State File No. 70
Registrar's No. 413

Primary Registration District No. 1041

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
623 S.15th Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 55 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 623 S.15th Street, 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Benedict Stahlin
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19th
year 1942 hour 6 minute 40 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E. Stahlin
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased February 10 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>2</u>	<u>9</u>hr.min.

21. I hereby certify that I attended the deceased from Aug 8 1942 to Apr 15 1942
that I last saw him alive on Apr 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Chr Myocarditis
Due to Senility
Due to Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93d
Of autopsy

Duration
-
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Altendorf Canton Switzerland
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Grocer
11. Industry or business Self owned grocery
12. Name Jacob Stahlin
13. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Aloisa Zueger
(City, town, or county) (State or foreign country)
15. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary E. Stahlin
(b) Address 623 S 15th Str. St. Joseph, Mo.
17. (a) Burial (b) Date thereof Apr. 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Rose Henry
(b) Address 1802 Union Str. St. Joseph, Mo.
19. (a) 4-21-42 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

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 Frank W. Anderson (M. D. or other) _____
Address 620 Francis Date signed 4/20/42

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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.

Signed..... *Elbert C. Harrington*
Licensed Embalmer No. 3258
P. O. Address St. Joseph, 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.