

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 5 1943Primary Registration District No. 1000Registrar's No. 94

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:
2911 Francis Street, 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 69 years, (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
 (c) City or town Saint Joseph,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2911 Francis Street,
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Caroline Stahl,3. (b) If veteran, name war None, 3. (c) Social Security No. None,4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single,

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

7. Birth date of deceased January 4th, 1859.
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
84 0 19 hr. min.9. Birthplace Weston, Missouri,
(City, town, or county) (State or foreign country)10. Usual occupation At Home,

11. Industry or business _____

12. Name William Stahl,13. Birthplace Unknown, Germany,
(City, town, or county) (State or foreign country)14. Maiden name Caroline Eichstadt,15. Birthplace Unknown, Germany,
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Mary Aingle(b) Address 2911 Francis Street,17. (a) Burial (b) Date thereof. 1-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ashland Cemetery,(a) Signature of funeral director W. B. ...(b) Address 319 So. 10th Street, Home19. (a) 1-26-43 (b) Arce Heizer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd.
year 1943 hour 4:00 minute a. M.21. I hereby certify that I attended the deceased from Feb 14 -
1943, to January 23, 1943
that I last saw her alive on July 1, 1943, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Influenza
Duration 28 DaysDue to coll. app. complicating

Due to _____

Other conditions 330
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

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 Dr. E. ... (M. D. or D.O.)Address Balleger Building Date signed 1/23/43

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 1/23/73, Registered Apprentice No. ✓
working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

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.