S. No. 2
M—9-4-41
V. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1944

Registration District No. 119

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10936

Primary Registration District No. 4193

Registrar's No. 8

1. PLACE OF DEATH:
(a) County: GASCONADE
(b) City or town: HERMANN Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: GASCONADE
(c) City or town: HERMANN
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 1

37
1
0

3. (a) PRINT FULL NAME: LOUIS P. STOTKO

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

3. (c) Social Security No. .....

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: Anna Stotko

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: AUGUST (Month) 11 (Day) 1858 (Year)

8. AGE: Years 85 Months 5 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace: WASHINGTON, MO. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: LABORER

11. Industry or business: .....

FATHER
12. Name: ALBERT STOTKO
13. Birthplace: POLAND (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: JULIANA PICKEN
15. Birthplace: POLAND (City, town, or county) 4 (State or foreign country)

16. (a) Informant: C. P. STOTKO
(b) Address: HERMANN MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB. 10 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: HERMANN, MO.

18. (a) Signature of funeral director: [illegible]
(b) Address: HERMANN MO

19. (a) Feb. 9, 1944 (Date received local registrar) (b) A. H. Liedler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 7th year 1944 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-19- 1943 to 2-7- 1944 that I last saw him alive on 2-6- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy — Duration

Due to: —

Due to: —

Other conditions (Include pregnancy within 3 months of death): 820

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

23. Signature: Howard Wortmann (M. D. or other)
Address: Hermann Mo. Date signed: 2-8-44

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-21-44

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 me

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

working under my personal supervision.

Signed E. Ruedinger

Licensed Embalmer No. 2044

P. O. Address Hermann 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.