

S. No. 2
M-8-43
5-17-39
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34544

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 10 1944

Registration District No. 1000

Primary Registration District No. 3030

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 24 yrs.
years, months or days

3. (a) PRINT FULL NAME Theodore Stoll

3. (b) If veteran, name war n. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Louise Basler 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased November - 10 - 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 28 If less than one day
hr. _____ min. _____

9. Birthplace St Genevieve Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Mike Stoll

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Philomena Stoll

15. Birthplace St Genevieve Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Stoll

(b) Address Festus Mo.

17. (a) Burial (b) Date thereof 9-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Catholic Cem.

18. (a) Signature of funeral director A. S. Dwyer

(b) Address Festus Mo.

19. (a) Oct 9, 1944 (b) Lilly Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus 50
(If outside city or town limits, write "RURAL") 3
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1944 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from Aug 13,
1938 to Oct 8, 1944
that I last saw him alive on Oct 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration _____
Diabetes mellitus

Due to _____

Due to 61

Other conditions (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) Means of injury _____

23. Signature Salato Bolyay (M. D. or other) _____

Address Festus, Mo. Date signed 10/9/44

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

0
3
1

133

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-9-44

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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3010

P. O. Address Festa No

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.