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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6701

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 41

1. PLACE OF DEATH
(a) County Phelps
(b) City or town Rolla (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3344 Hubert Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phillip G. Sturmfels
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Green Sturmfels
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Oct (Month) 20 (Day) 1895 (Year)

8. AGE: Years 50 Months 3 Days 22 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Contractor
11. Industry or business
FATHER
12. Name Phillip G. Sturmfels
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Meier
15. Birthplace Columbia Ill (City, town, or county) (State or foreign country)
16. (a) Informant Gus. W Sturmfels
(b) Address Rolla, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo
18. (a) Signature of funeral director Alfred J. Smith
(b) Address Rolla, Mo
19. (a) 2-13-46 (Date received local registrar) (b) Mrs. Juanita Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1946 hour 900 minute P M.
21. I hereby certify that I attended the deceased from Feb 12, 1946 to Feb 12, 1946 and that I last saw him alive on Feb 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 hrs
Due to Hypertension and arteriosclerosis	unknown
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M K Underwood M.D. (M.D. or other)
Address M. K. UNDERWOOD, M. D. ROLLA, MISSOURI Date signed 2-13-46

252 (Licensed Embalmer's Statement on Reverse Side)

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

5658

DEC 18 1952

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 J. H. Hallow

Licensed Embalmer No. 3643

P. O. Address Tolla, 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.