

FILED SEP 13 1950

STANDARD CERTIFICATE OF DEATH

26523

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Berger, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 Mths</u>		d. STREET ADDRESS (If rural, give location) <u>Walnut Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospir</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>JOHN</u> c. (Last) <u>STOEPPELMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-6-1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>8-26-1859</u>		9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR: Days <u>10</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Berger, R.F.D. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Casper Stoeppelemann</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Mueller</u>		14. NAME OF HUSBAND OR WIFE <u>Henrietta Stoeppelemann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gollea E. Boeger, Kirkwood, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parotid abscess</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility, arterio-sclerosis</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile dementia</u>			<u>4500</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pus evacuated from Parotid abscess</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 2, 1950</u> , to <u>Sept 6, 1950</u> , that I last saw the deceased alive on <u>Sept 6, 1950</u> , and that death occurred at <u>4:9 p.m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>J. J. Munch</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Washington Mo</u>		23c. DATE SIGNED <u>9-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-8-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's E. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Berger, Mo</u>	

DATE REC'D BY LOCAL REG. <u>Sept. 7, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Berger Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0360

File No. _____
DISTRICT HEALTH OFFICE NO. 4

SEP - 7 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Gustav W. Dietrich

Signed _____
Student Embalmer

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.