

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 57465 Registrar's No. 26

1. I. PLACE OF DEATH  
a. COUNTY Greene  
b. CITY (If outside corporate limits, write RURAL and give township) Springfield  
OR TOWN Rural N. Campbell  
c. LENGTH OF STAY (in this place) 5 Yrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Greene  
c. CITY (If outside corporate limits, write RURAL and give township) Springfield  
OR TOWN Rural N. Campbell Twshp. 0  
d. STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED a. (First) Hugo b. (Middle) E. c. (Last) Stahl  
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)  
Jan. 11, 1951

5. SEX Male  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 14 1878

9. AGE (In years last birthday) 72  
IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Pipe Organ builder

11. BIRTHPLACE (State or foreign country) New Ulm Bavaria

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman Stahl

13b. MOTHER'S MAIDEN NAME Karoline Staehle

14. NAME OF HUSBAND OR WIFE Mary E. Stahl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mary E. Stahl Route # 2 Spfld, Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Thrombosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Cerebral Arterio-sclerosis  
DUE TO (c) Diabetes, Nephritis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
3 day  
  
332 X

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) m. \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Jan 8, 1951, to Jan 11, 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 6:28 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Williams Jr. M.D.

23b. ADDRESS Springfield, Mo.

23c. DATE SIGNED 1/12/51

24. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1/13/51

24c. NAME OF CEMETERY OR CREMATORY St. Joseph

24d. LOCATION (City, town, or county) (State) Rivergrove Ill.

DATE REC'D BY LOCAL REG. 1-13-51

REGISTRAR'S SIGNATURE WE Handley MD !!!

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo.

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

390  
1

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.....

*Walter E. Hamella*

Signed.....

Student Embalmer

Licensed Embalmer No. *3808*

P. O. Address *Springfield Ma.*

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.