

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

944

State File No. \_\_\_\_\_

BIRTH NO. 1319 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 27

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) OR TOWN <u>Washington.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>	
c. LENGTH OF STAY (in this place) <u>3 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michel.</u> b. (Middle) <u>Allen.</u> c. (Last) <u>Stoehr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26th, 1953.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 25th, 1953.</u>	9. AGE (In years last birthday) <u>0</u>	10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) <u>0 0 3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Vincent P. Stoehr.</u>		13b. MOTHER'S MAIDEN NAME <u>Winona Martin.</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
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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>Vincent P. Stoehr Washington, Mo.</u>	
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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) <u>Premature birth</u> INTERVAL BETWEEN ONSET AND DEATH <u>4h</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		
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19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>776X</u>	
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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?	
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22. I hereby certify that I attended the deceased from 25 Jan, 1953, to 26 Jan, 1953, that I last saw the deceased alive on 25 Jan, 1953, and that death occurred at 1:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Bogan</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Washington, Mo</u>		23c. DATE SIGNED <u>26 Jan 53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 26, 1953.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery,</u>	
				24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Jan. 26, 1953</u>		REGISTRAR'S SIGNATURE <u>E. J. Hedman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wielburg &amp; Vitt, Inc. Washington, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

362  
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Not Embalmed*  
*Jerome F. Seoboda*

Licensed Embalmer No. *4507*

P. O. Address *Washington*

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.