

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23428**

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **3030** Registrar's No. **71**

507

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

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) Festus		c. LENGTH OF STAY (In this place) 30 years	c. CITY OR TOWN Festus		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 119 Grey Street			e. STREET ADDRESS (If rural, give location) 119 Grey		

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Louise c. (Last) Stoll		4. DATE OF DEATH (Month) (Day) (Year) July 15, 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 4, 1895
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Mullich	13b. MOTHER'S MAIDEN NAME Christine Buerer	14. NAME OF HUSBAND OR WIFE Joseph Stoll
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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) NO	16. SOCIAL SECURITY NO. 489-09-5866	17. INFORMANT'S SIGNATURE OR NAME Joseph Stoll	ADDRESS Festus, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of colon		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cancer of colon	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) Festus, MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 **June 15, 1954**, to **July 15, 1954**, that I last saw the deceased alive on **July 14, 1954**, and that death occurred at **8:25A m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph Stoll	(Degree or title)	23b. ADDRESS Festus, Mo	23c. DATE SIGNED 7/16/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Sts. Peter and Paul	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 7-17-54	REGISTRAR'S SIGNATURE James A. [Signature]	509	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Festus, Mo
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JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED

JUL 23 1954

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.....
Signature of Student Embalmer

Signed *Donald H. Varnard*.....

Licensed Embalmer No. *4607*

P. O. Address *Festus*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.