URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 17 1959

'59 043768
STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 11

NDED

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Gallatin — Length of stay in 1b: 10 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: --- — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Daviess
c. CITY OR TOWN: Gallatin — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): --- — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Fredrick Middle: August Last: Sturm
4. DATE OF DEATH: Month December Day 2 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-1-1896
9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co.
11. BIRTHPLACE (City and state or country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Fredrick Sturm
13b. MOTHER'S MAIDEN NAME: Christina Schaumberg
14. NAME OF HUSBAND OR WIFE: Eleanor Sturm
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 488-10-4112
17. INFORMANT: Mrs. Eleanor Sturm, Address: Gallatin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary artery disease — Unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from H. O. A. to _____ and last saw her/him alive on Dec 1, 1959
Death occurred at About 4 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edward Lemar (Degree or title) MD
22b. ADDRESS: Gallatin Mo
22c. DATE SIGNED: 12/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-5-1959
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: D. C. Nicholson — ADDRESS: Hope Funeral Home, Gallatin, Mo.
25. DATE RECD. BY LOCAL REG.: 14 Dec. 1959
26. REGISTRAR'S SIGNATURE: Virgil W. Langebert

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

DEC 18 1959

STATEMENT BY LICENSED EMBALMER

JAN 21 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed L. O. Richesson

Signature of Student Embalmer

Licensed Embalmer No. 330

P. O. Address Gallatin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.