

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

36125

**1. PLACE OF DEATH**

County Buchanan  
Township.....  
City St. Joseph, (No. 624 South 15th.)

Registration District No. 85  
Primary Registration District No. 1001

File No. 1308  
Registered No. 1308 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Adolph Stuebner,**

(a) Residence, No. 624 South 15th. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 0 mos. 6 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Hazel Stuebner,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12, 1872

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>0</u>	<u>6</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Stone cutter  
(b) General nature of industry, business, or establishment in which employed (or employer) Retired,  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,  
(STATE OR COUNTRY) Missouri,

PARENTS	10. NAME OF FATHER <u>Adolph Stuebner,</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Breslau,</u> (STATE OR COUNTRY) <u>Germany,</u>
	12. MAIDEN NAME OF MOTHER <u>Christiana Volk,</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Stuttgart,</u> (STATE OR COUNTRY) <u>Germany,</u>

14. INFORMANT Mrs. A. Stuebner  
(Address) 624 South 15th Street,

15. FILED Nov 19 1928 John G. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18, 1928

17. I HEREBY CERTIFY That I attended deceased from Nov. 14, 1928 to Nov 18, 1928 that I last saw him alive on Nov 17, 1928 and that death occurred, on the date stated above, at S. B. O. [Signature]

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral aneurysm

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: do not know

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) [Signature] M. D.

11/19, 1928 (Address) St. Joseph - Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Ashland Cemetery

**20. UNDERTAKER**

Heaton B. G. & Bowman

**DATE OF BURIAL**

Nov. 20, 1928

**ADDRESS**

319 S. 10 St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC 26 460

Item	1912	1911
Income from operations	100,000	90,000
Expenses		
Operating	80,000	75,000
Administrative	10,000	12,000
Depreciation	5,000	5,000
Interest	3,000	3,000
Taxes	2,000	2,000
Other	1,000	1,000
Total Expenses	101,000	108,000
Net Income	(1,000)	(18,000)

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**  
 County Buchanan Registration District No. 85 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 1308  
 City St. Joe (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Adolph Stuebner  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (*write the word*) M

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) \_\_\_\_\_

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

**10. NAME OF FATHER** \_\_\_\_\_

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

**12. MAIDEN NAME OF MOTHER** \_\_\_\_\_

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Nov 18 1928

**17. I HEREBY CERTIFY** That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH** WAS AS FOLLOWS:  
Crysipelas  
Streptococcus erysipelatis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY** \_\_\_\_\_ (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_ IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address) \_\_\_\_\_

**SUPPLEMENTARY**

**2113**

**14. INFORMANT** \_\_\_\_\_ (Address) \_\_\_\_\_

**15. FILED** 1/25 1929 John G. Galt REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** \_\_\_\_\_ **DATE OF BURIAL** \_\_\_\_\_ 19\_\_\_\_

**20. UNDERTAKER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-36125