

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

Do not use this space.

21162

25 1929

**1. PLACE OF DEATH**

County Gentry  
Township \_\_\_\_\_  
City Albany (No. \_\_\_\_\_)

Registration District No. 309  
Primary Registration District No. 4185-

File No. \_\_\_\_\_  
Registered No. 36  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Armond Stasser

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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**

Gertrude Karver

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

May 16 - 1879

**7. AGE**

YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
50	1	11	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Garage man  
(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) Switzerland

**10. NAME OF FATHER** Jacob Stasser

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

**12. MAIDEN NAME OF MOTHER** Louise Steriengly

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

**14. INFORMANT** Mrs. A. Stasser  
(Address) Albany

**15. FILED** July 2 1929 W. F. Probst  
19 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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**16. DATE OF DEATH (MONTH, DAY AND YEAR)** June 27 1929

**17. I HEREBY CERTIFY, That I attended deceased from** June 15<sup>th</sup>, 1929, to June 27<sup>th</sup>, 1929, that I last saw him alive on June 27<sup>th</sup>, 1929, and that death occurred, on the date stated above, at 2 45 P. M.

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

34  
925A  
Aortic Insufficiency

unknown (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** Acquired Syphilis

unknown (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) W. S. Campbell, M. D.

\_\_\_\_\_, 1929 (Address) Albany, 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** Highland Cemetery June 30 1929

**20. UNDERTAKER** A. J. Base ADDRESS Albany

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.

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PARENTS

