

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

Do not use this space.

29653

1. PLACE OF DEATH

54 County Lafayette Registration District No. 457
Township Freedom Primary Registration District No. 5621 B
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Fr. H. M. Stuenkel

(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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Polisher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Room Hand
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany, 10

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Fred L. Stuenkel Concordia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul DATE Sept 26 1932

19. UNDERTAKER (ADDRESS) Firebaugh & Voigt Concordia Mo

20. FILED Sept 26 1932 Ferdinand Shymann Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 10 1932 to Sept 24 1932
I last saw him alive on Sept 19 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach April 1932

463 4615

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Ferdinand Shymann, M. D.
(Address) Concordia, Mo.

WRITE CAREFULLY, WITH UNFADING INK---THIS IS PERMANENT RECORD

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.

OCT 26 1932

