

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

Do not use this space.

32989

**1. PLACE OF DEATH**

70 County Montgomery Registration District No. 592 File No. \_\_\_\_\_  
 Township Montgomery Primary Registration District No. 5770 Registered No. \_\_\_\_\_  
 City Montgomery (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Charles Stehm**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mallisa Stehm</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/2/1856</u>		
7. AGE YEARS <u>76</u>	MONTHS	DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Missouri</u> /		
FATHER	13. NAME <u>Andrew Stehm</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> /	
MOTHER	15. MAIDEN NAME <u>Miss Hoffman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Jim Stehm</u> (ADDRESS) <u>New Florence Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Florence Mo</u> DATE <u>2/23/32</u> .19__		
19. UNDERTAKER <u>C. W. Hopkins</u> (ADDRESS) <u>Montgomery City Mo</u>		
20. FILED <u>11-10</u> 19 <u>32</u> <u>J. J. Bentley</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/22/32 . 19\_\_

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1932 to Oct 22 1932  
 I last saw him alive on Oct 21 1932 Death is said to have occurred on the date stated above, at 11 am  
 The principal cause of death and related causes of importance were as follows:  
Pleurv-Pneumonia Date of onset 10/20/32  
108 / 108 (D)  
 Other contributory causes of importance:  
arterio sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) E. W. Purley M. D.  
 (Address) Montgomery City Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A 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.

NOV 25 1932

16