

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

Do not use this space.

38181

1. PLACE OF DEATH  
 113 County North Registration District No. 903  
 Township South Primary Registration District No. 6211  
 City.....(No.)..... St. .... Ward.....  
 2. FULL NAME Ben Stettler  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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 Jane Stettler  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-15-1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83- 1 0  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-15-1932  
 17. I HEREBY CERTIFY that I attended deceased from 11-15-1932 to 11-15-1932, that I last saw him alive on 11-15-1932 and that death occurred, on the date stated above, at 4:30 p.m.  
 THE CAUSE OF DEATH WAS AS FOLLOWS:  
No Doctor Poor People Family said Heart trouble Aorta blood. Had heart trouble  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Age  
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Bern (STATE OR COUNTRY) Switzerland  
 10. NAME OF FATHER Ben Stettler  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dornbronn (STATE OR COUNTRY) Switzerland  
 12. MAIDEN NAME OF MOTHER Mary Hinzmann  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dornbronn (STATE OR COUNTRY) Switzerland

18. WHERE WAS DISEASE CONTRACTED at home  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS Johns Accident  
 (Signed) Johns Accident M.D.  
11-16-32 (Address) St. Louis City  
 \*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.

14. INFORMANT Johns Accident (Address) Demoes. 1110  
 15. FILED 11-15-32 Johns Accident REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ireland DATE OF BURIAL 11-17-1932  
 20. UNDERTAKER Bram Mon ADDRESS Demoes

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.

JAN 5 1933

