

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.

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

Do not use this space.

21454

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. 1612 E. 7th)

Registration District No. 1667
Primary Registration District No. 3032

File No. 222
Registered No. 668
St. _____ Ward)

2. FULL NAME

Frederick A. Stahlhut

(a) Residence, No. 1612 E. 7th St. _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Augusta Stahlhut</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>✓</u>
	DAYS <u>✓</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1924</u>	11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER / FATHER	13. NAME <u>F. Stahlhut</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Mary Pettner</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>J. A. Stahlhut</u> (ADDRESS) <u>J. A. Stahlhut</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>6-29-1934</u>		
19. UNDERTAKER (ADDRESS) <u>McLaughlin Bros.</u> <u>Sedalia</u>		
20. FILED <u>6-29-1934</u> <u>Jeann Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2. 2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to June 27 1934
I last saw him alive on June 26 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic suppurative cystitis (chronic suppurative)
Chronic myocarditis
Date of onset 10 days

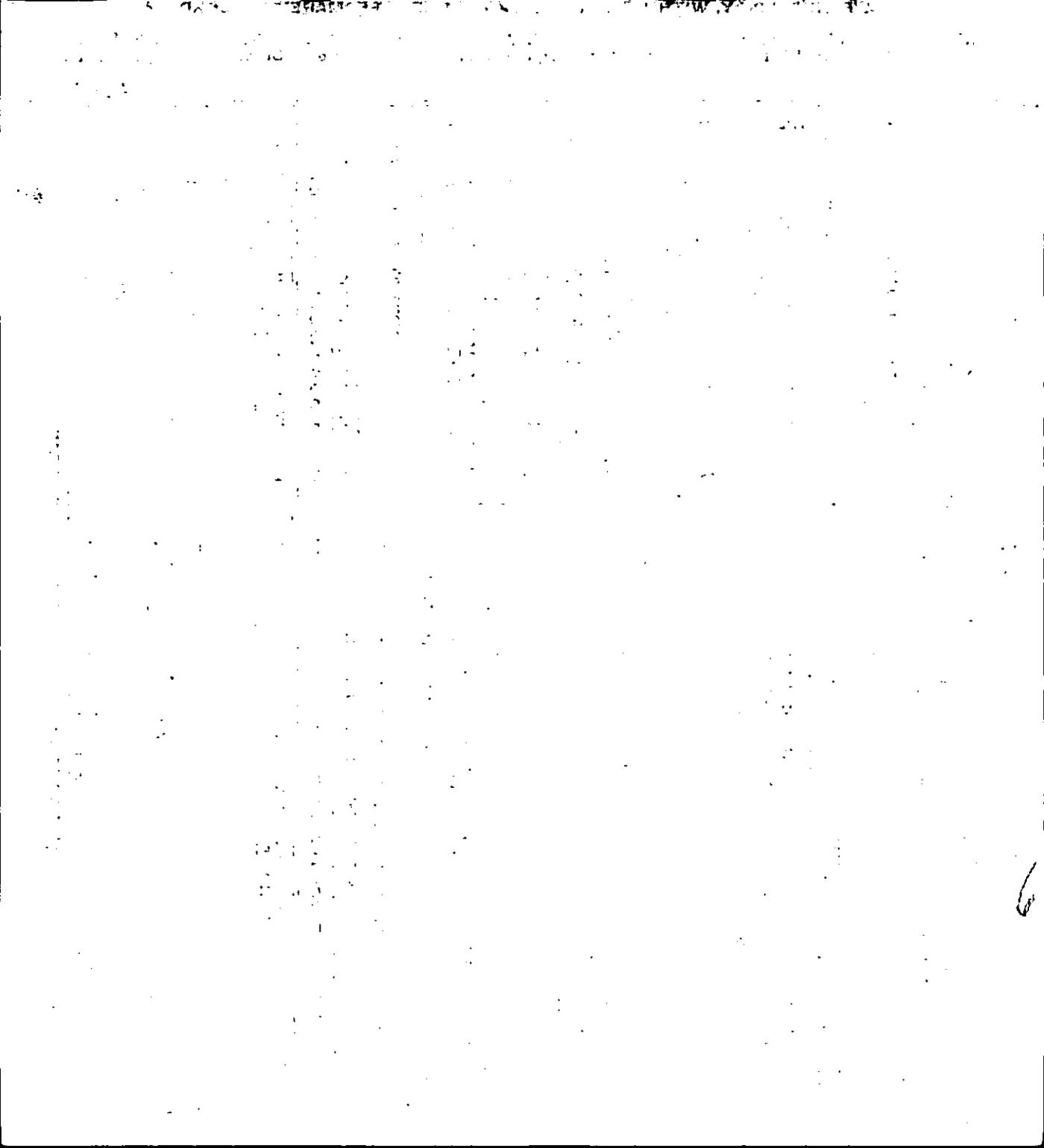
Other contributory causes of importance:
Chronic myocarditis

Name of operation none Date of _____
What test confirmed diagnosis Chronic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? no
(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) Chas. J. ..., M. D.
(Address) Sedalia, Mo.



WASHINGTON

Pettis

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Frederick A Stahlhuber
Who died at Idaho on June 27 - 1931
Residence: No. 1612 E 7th St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth Feb 2 - 1852 Age: Years 82 Months 4 Days 25

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar Jean Slack

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 668 Very truly yours,
E. T. Mc Gaugh M.D.

Primary Reg. Dist. No. 3032

Special Agent. E. T. Mc Gaugh

REVENUE DEPARTMENT
STATE OF NEW YORK

S-21454