

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

Do not use this space.

33891

OCT 20 1936

1. PLACE OF DEATH

County Buchanan

Registration District No. 35

File No. 1163

Township St. Joseph

Primary Registration District No. 100
(No. Missouri Methodist Hospital)

Registered No. 1163

City St. Joseph

(No. Missouri Methodist Hospital) St. Ward

2. FULL NAME Enos Edwin Stambach

(a) Residence, No. St. Ward. Meadville, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Mary E. Stambach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 30, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>75</u>	<u>9</u>	<u>10</u>	<u>10</u>	<u> </u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bushville Illinois

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. C. L. Rottorff
(ADDRESS) Meadville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Meadville, Mo. DATE Sept. 10, 1936

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 9-10 1936 AG Matthews
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 10 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-5- 1936, to 9-10- 1936
I last saw him alive on 9-9- 1936. Death is said to have occurred on the date stated above, at 4:45A m.

The principal cause of death and related causes of importance were as follows:

Uremia -
Prostatic Obstruction
Urinary Calculi (Bladder)

Date of onset 8-10-36
1929

Other contributory causes of importance:

Name of operation Cystotomy Date of 9-5-36

What test confirmed diagnosis? Operative 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 Paul Surgeon, M. D.

(Address) St. Joseph, Mo

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.

