

REC'D MAY 11 1938

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

15645

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
(b) Township Woodland Primary Registration District No. 3034
(c) City Moberly (d) Street No. Woodland St. Mo.
(e) Length of residence in city or town where death occurred 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 97

2. PRINT FULL NAME William J. Stamm 360

(a) Residence, No. 315 E. Coates St. Mo. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. E. Stamm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18th 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 3 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as 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) Mo.

FATHER 13. NAME William Stamm

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

MOTHER 15. MAIDEN NAME Katherine Huber

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

17. INFORMANT (ADDRESS) Beatrice C. Stamm
Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo. DATE Apr. 30th 1938

19. FUNERAL DIRECTOR (ADDRESS) Mahony and Son
Moberly Mo.

20. FILED May 7 1938 Ethel Libbert
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 23rd 1938 to April 28, 1938

I last saw him alive on April 28, 1938. Death is said to have occurred on the date stated above, at 9⁴⁵ a.m.
The principal cause of death and related causes of importance were as follows:

Chr Myocarditis
Right Lower Lobar Pneumonia

Date of onset ?

Other contributory causes of importance: Hypertension.

Name of operation NO Date of NO
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury NO, 19 NO
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 NO
Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased?
If so, specify NO
(Signed) W. J. Stamm, M. D.
(Address) Moberly, 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.

STATEMENT BY LICENSED EMBALMER

I, Frank D. Hutt, Licensed Embalmer No. 3021

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank D. Hutt
Licensed Embalmer No. 3021

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)