

DEPT AUG 11 1938

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

24822
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 783
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Edward Stumpf 351
(a) Residence, No. 220 W. Colorado Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Edith A. Stumpf
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1880
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 9 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. H. C. Giewitz Hdw. Co.
10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation 20

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

FATHER 13. NAME Francis M. Stumpf

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Norman Stumpf
(ADDRESS) 220 W. Colorado Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Atchison, Kansas DATE July 28, 1938

19. FUNERAL DIRECTOR Clark Mortuary
(ADDRESS) St. Joseph, Mo.

20. FILED July 27, 1938 H. J. Keithbush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1938 1938
22. I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to July 26, 1938
I last saw him alive on July 25, 1938. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

Bilateral Pneumonia 7 days
"Bilateral"
Myocardial failure 2 days
Other contributory causes of importance: 109th

Name of operation None Date of 22
What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

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? X
If so, specify Overwork
(Signed) Overwork M. D.
(Address) 303 Kambrook

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.

FEB 26 1957

STATEMENT BY LICENSED EMBALMER

I, Earl A. Clark, Licensed Embalmer No. 3476

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

L. E.

No. 3476 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Earl A. Clark

Licensed Embalmer No. 3476

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.)