

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

25134
 Do not use this space.

1. PLACE OF DEATH
 (a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 293
 (c) City Jefferson (d) Street No. 729 Clark Avenue 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 Albert T. Stadler
 (a) Residence, No. 729 Clark Avenue St. (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF Amy Stone
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September-2-1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
77 10 27
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired engineer
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29 1938
 22. I HEREBY CERTIFY, That I attended deceased from 1-6 1938, to 7-29 1938
 I last saw him alive on 7-28 1938. Death is said to have occurred on the date stated above, at 19 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Paralytic Date of onset 1936
nephritis
Chronic Endocarditis 1936
 Other contributory causes of importance: 2
Nervous 7.24.38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Iowa
 13. NAME Chas Stadler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) Roy Stadler
Jefferson City, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE July-30-- 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Roy & Gordon
Jefferson City, Mo
 20. FILED 7/30/38 19.38 A. H. ...
 Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 (Signed) A. H. ..., M. D.
 (Address) Jefferson City, 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.

RECD AUG 24 1938

W. H. Gillham

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Thorp J. Gordon, or by

Registered Apprentice No., working under my personal supervision.

Signed

Thorp J. Gordon
Licensed Embalmer No. *6786*

P. O. Address *Jefferson City Mo*

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.)

If this body is not embalmed, above space should be left blank.