

DEC 14 1938

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

39106

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 200
(b) Township Wyon Primary Registration District No. 5417
(c) City _____ (d) Street No. _____ 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Adolph Friedrich (Dee)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 29 1857</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>2</u>	DAYS <u>9</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>	
	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) <u>Germany</u> <u>6</u>		
FATHER	13. NAME <u>Henry Sturhaan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>6</u>	
MOTHER	15. MAIDEN NAME <u>Reka Binkmeyer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>1</u>	
17. INFORMANT <u>Gustav Friedrich</u> (ADDRESS) <u>Beaufort Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL <u>St. Johns Evng. Cem.</u> DATE <u>Nov 11 38</u>		
19. FUNERAL DIRECTOR <u>E. H. Kemme</u> (ADDRESS) <u>Beaufort Mo.</u>		
20. FILED <u>11-10</u> 19 <u>38</u> <u>J. H. Matthews</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8. 19 38

22. I HEREBY CERTIFY, that I attended deceased from Nov 21 1937 to Nov 8 19 38
I last saw him alive on Nov 8 19 38 Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:
Cancer of Submaxillary gland. Date of onset Not known

Other contributory causes of importance: 5'

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) J. H. Matthews M. D.
(Address) Beaufort Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, E. H. Lemme, Licensed Embalmer No. 3076

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. H. Lemme

L. E.

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

working under my personal supervision.

Signed E. H. Lemme

Licensed Embalmer No. 3076

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.)