

REC'D MAR 9 1939

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

6453
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin 1 Registration District No. 297
(b) Township _____ Primary Registration District No. 3016 Registered No. 20
(c) City Washington, Mo. (d) Street No. St. Francis 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 320 yrs. 8 mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 727 W Main, Washington, Mo. 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 8 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) Washington, Mo.

13. NAME Herman Stuesse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaufort, Mo.

15. MAIDEN NAME Olivia Patke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krakow, Mo.

17. INFORMANT (NAME) (ADDRESS) Herman Stuesse
Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE 2-18-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hubert & Vitt, Inc
Washington, Mo.

20. FILED Feb. 17 - 1939 H. A. May
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/14, 1939, to 2/16, 1939

I last saw him alive on 2/16, 1939 Death is said to have occurred on the date stated above, at 8:15 AM

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

Bilateral Otitis Media, extension of infection to the Chiasm

Other contributory causes of importance: 89 W

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1939

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? _____

If so, specify _____

(Signed) J. J. Post, M. D.

276 (Address) Washington, Mo.

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,

Lester H. Vitt

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Lester H. Vitt

Licensed Embalmer No. *3254*

P. O. Address. *Washington, Md*

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.