

1939 MAR 17 1939

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

6477  
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303  
(b) Township 1 Primary Registration District No. 4182 Registered No. \_\_\_\_\_  
(c) City Hermann (d) Street No. \_\_\_\_\_  
(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 360 GEORGE PENDER STORY

(a) Residence, No. Hermann, Missouri 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 Juneata Story

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
28 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musician  
9. Industry or business in which work was done, as saw mill, bank, etc. Orchestra  
10. Date deceased last worked at this occupation (month and year) 2-1-39 11. Total time (years) spent in this occupation 9

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

FATHER 13. NAME Sam P. Story

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Kentucky

MOTHER 15. MAIDEN NAME Margaret Guenther

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

17. INFORMANT (ADDRESS) Eugene Story Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City Cem. - 2-26-39

19. FUNERAL DIRECTOR (ADDRESS) Hugo H. Blumer Hermann, Missouri

20. FILED 2-25-39 Anna K. Rielly Local Registrar. 274 (Address) Hermann, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1939, to 1939.

I last saw him alive on Feb. 25, 1939. Death is said to have occurred on the date stated above, at 5:15 A.M.

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

Coronary Thrombosis

Date of onset 2/23/39

Other contributory causes of importance:

Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Microscope 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 \_\_\_\_\_, 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) W. A. Deter DD

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, HUGO H. BLUMER, Licensed Embalmer No. 3160

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

L. E.

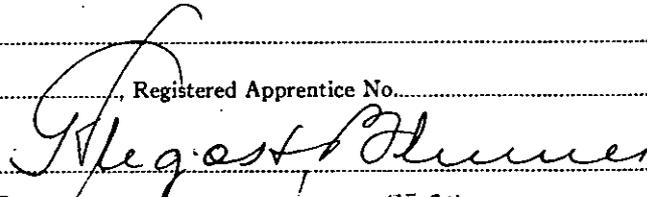
No. 3160

or by

working under my personal supervision.

Registered Apprentice No.

Signed



Licensed Embalmer No. 3160

**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.)**