

REC'D APR 17 1939

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

9411

Do not use this space.

Registered No. 1017

1. PLACE OF DEATH:  
(a) County Jackson County 2 Registration District No. 399  
(b) Township Rox Primary Registration District No. 1002  
(c) City or Hannas City Mo. (d) Street No. 5331 Highland Ave 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 2 yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Freda Stehle  
(a) Residence, No. 5331 Highland Ave 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1<sup>st</sup> 1958</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>8</u>	DAYS <u>3</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</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>Polon</u> <u>Dobson Ky. Ind</u>		
FATHER	13. NAME <u>Anthony Stehle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Tecla Stehle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Sister Camille</u> <u>5331 Highland Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Cem</u> DATE <u>Ich. 7 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wink &amp; Robin Co.</u> <u>Zansus City, Mo.</u>		
20. FILED <u>Mar 6 1939</u> <u>M. M. Browne</u> <u>Local Registrar.</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4<sup>th</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to March 4 1939  
I last saw him alive on March 3 1939. Death is said to have occurred on the date stated above, at 8 A.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
930

Date of onset

Other contributory causes of importance:

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....., 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) Paul V. O'Rourke, M. D.  
(Address) 1422 Bryant Bldg.

(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.

WHILE FATHER, WITH CONTRACTING INFORMATION THIS IS A PERMANENT RECORD

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**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**