

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

AUG 14 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26674

Registration District No. 257

Primary Registration District No. 3036

Registrar's No. 110

1. PLACE OF DEATH:

(a) County St. Charles  
 (b) City or town St. Charles  
 (c) Name of hospital or institution: 1016 Clay St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 30 years  
 In this community 30 years  
 years, months or days

3. (a) PRINT FULL NAME Jacob H. Stahlbehl 341

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 497-01-8037

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 8 1890  
 (Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Newhemsboch, Germany  
 (City, town, or county) (State or foreign country)

10. Usual occupation Clothing merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Stahlbehl

13. Birthplace Newhemsboch Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Leopold

15. Birthplace Rothenhausen Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sidora Stahlbehl  
 (b) Address 2309 1/2 Main St. Charles, Mo

17. (a) Burial (b) Date thereof 7-30-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial - Bellefontaine  
 18. (a) Signature of funeral director Alexander & Sons  
 (b) Address 6175 Delmar Blvd  
 19. (a) 7/28/39 (b) Clarence G. Hecker  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
 (c) City or town St. Charles  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1016 Clay  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 45 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
 year 1939 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from July 27 1939 to July 27 1939  
 that I last saw him alive on July 127 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease  
Coronary Sclerosis  
 Due to not known Duration ?

Due to not known  
 Due to not known  
 Other conditions none  
 (Include pregnancy within 5 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy not made  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Jim Jenkins (M. D. or other) \_\_\_\_\_  
 Address St. Charles mo Date signed 7/28/39

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.....

Albert C. White Registered Apprentice No. 209  
working under my personal supervision.

Signed Joe E. McCallister  
Licensed Embalmer No. 2468  
P. O. Address 1140 Delmar

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.