

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

7687
 Do not use this space.

FILED MAR 18 1940

1. PLACE OF DEATH
 (a) County Perry Registration District No. 662
 (b) Township Salem Primary Registration District No. 0800 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (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.
 323 Hermann Sticht
 2. PRINT FULL NAME
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Rosa Sticht
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6th, 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm
 10. Date deceased last worked at this occupation (month and year) October 1938 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmor Mo.
 FATHER 13. NAME Johann Henry Sticht
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thamsted Germany
 MOTHER 15. MAIDEN NAME Marie Pietie
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schesel Germany
 17. INFORMANT Louis Sticht
 (ADDRESS) Farmor Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Farmor DATE Feb 26 1940
 19. FUNERAL DIRECTOR Young & Sons
 (ADDRESS) Reynolds Mo
 20. FILED _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23rd 1940
 22. I HEREBY CERTIFY, that I attended deceased from November 21st 1938 to February 23rd 1940
 I last saw him alive on February 19 1940 Death is said to have occurred on the date stated above, at 6:55 P.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Chronic Myocarditis
 Date of onset 11-28-38
 Other contributory causes of importance: 92 C
 Name of operation None Date of _____
 What test confirmed diagnosis? P. Ex 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? No
 If so, specify _____
 (Signed) Theodore Fischer M. D.
 (Address) 508 Altenberg, Mo.

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Edward C. Young, Licensed Embalmer No. 2138
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward C. Young
L. E. _____
No. 2138 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Edward C. Young
Licensed Embalmer No. 2138

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.)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 7687

Registration District No. 662

Primary Registration District No. 5880

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Peery
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Hermann Sticht

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 17 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-13-40 (b) M.H. O'Rourke (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH _____ month Feb day 29 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Shep Fischer (M. D. or other) _____
Address Attenberg Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

