

FRIDAY MAY 15 1940

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

14852

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade 2 Registration District No. 307
 (b) Township Boulware 0 Primary Registration District No. 5425 Registered No.
 (c) City (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) 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.

2. PRINT FULL NAME

356 HENRIETTA STOENNER
BAY, MISSOURI
 (a) Residence, No. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Stoenner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1863
 7. AGE YEARS 76 MONTHS 5 DAYS 15 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired h/w
 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) Germany

FATHER 13. NAME Frederick Ohmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unkown Timmermann

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

17. INFORMANT Mrs. Theo. Nullmeyer (ADDRESS) Bay, Missouri

18. BURIAL, CREMATION, OR REMOVAL Bay St. Paul's Cem DATE 4/5/40

19. FUNERAL DIRECTOR (NAME) HUGO H. BLUMER (ADDRESS) HERMANN, MO

20. FILED 4-4- 1940 Mrs F B Meyer Local Registrar. 278

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2^d 1940
 22. I HEREBY CERTIFY, That I attended deceased from April 15th 1937 to April 2^d 1940
 I last saw her alive on April 1st 1940. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Gastric Cancer

Date of onset April 1937

Other contributory causes of importance: 46
 Name of operation Gastroenterostomy Date of 5/27/1937
 What test confirmed diagnosis? Operation Was there an autopsy? No

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) E. G. Rhodius, M. D.
 (Address) Bay Mo.

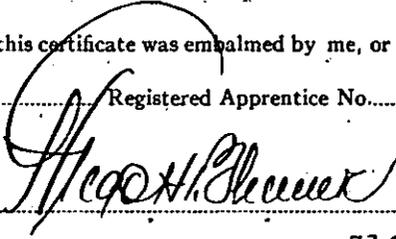
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed..... 

Licensed Embalmer No. **3160**

P. O. Address **Hermann, Mo**

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.