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

JUN 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18373

Registration District No. 303 Primary Registration District No. 5420 Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Hermann Rural - Roark Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade

(c) City or town Hermann R+D #1 - Mo
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BERNARD STOECKLIN 224

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 26 (Day) 1884 (Year)

8. AGE: Years 56 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Stonyhill Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Bernhard Stoecklin
13. Birthplace Swiss Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Catherine Kratli
15. Birthplace Stonyhill Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Marie Stoecklin
(b) Address Hermann Mo R+D #1

17. (a) (Burial, cremation, or removal) (b) Date thereof May 8 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Stoecklin Family Cemetary

18. (a) Signature of funeral director Herman Blumer
(b) Address Berger Mo

19. (a) 5-9-40 (Date received local registrar) (b) Anna K. Riekhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1940 hour 6:00 minute X P.M.

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

Immediate cause of death Accidental fall from hay wagon when team ran away

Due to Fracture of skull likely with severe

Due to Haemorrage from mouth X

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 212 2

Of autopsy None

Duration

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) Accident
(b) Date of occurrence May 4th 1940
(c) Where did injury occur? At home on farm (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
274 On farm (Specify type of place)
While at work? Yes (e) Means of injury Fall from wagon

23. Signature John Engelbrecht (M. D. or other)
Address Stony Hill Mo. Date signed 5-5-40

(Licensed Embalmer's Statement on Reverse Side)

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 Hugo A. Blumer

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.