

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

22733
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois 3 Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A
 (c) City Near Farmington (d) Street No. State Hospital No. 4 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 325 Jacob Fitzner Jefferson Co.
 (a) Residence, No. Big River Township, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-3-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
60 Un. Un.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) Missouri 6

FATHER 13. NAME Unknown 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Akron, Ohio

17. INFORMANT (ADDRESS) Records of State Hospt. #4 Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery of State Hospt #4 6-14 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lloyd Neidert Farmington, Mo.

20. FILED June 13, 1940 T. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 19 40

22. I HEREBY CERTIFY, That I attended deceased from January 1st 19 39 to June 12 19 40
 I last saw him alive on June 12 19 40 Death is said to have occurred on the date stated above, at 3:55 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (apoplexy) Date of onset 6-12-40
828

Other contributory causes of importance: Atherosclerosis Generalized marked

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. R. Muehler _____, M. D.
 (Address) Farmington, 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

Registered Apprentice No....., working under my personal supervision.

Signed..... Not embalmed

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.