DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24956

AUG 1 1940

Registration District No. 213 — Primary Registration District No. 3014 — Registrar's No. 187

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

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cole

(c) City or town: Jefferson City (If outside city or town limits, write "RURAL")

(d) Street No.: West Highway #50 (If rural, give location)

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

3. (a) PRINT FULL NAME: Charles William Distler 234

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Barbara Antweiler

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

7. Birth date of deceased: October 10 1881 (Month) (Day) (Year)

8. AGE: Years 59 | Months 9 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace: Elston, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Filling Station Operator

11. Industry or business:

FATHER
12. Name: Frank Distler
13. Birthplace: Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Brondel
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Barbara Distler

(b) Address: West Highway #50

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7 20 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peter's Cemetery

18. (a) Signature of funeral director: John F. Heminsch

(b) Address: Jefferson City, Mo.

19. (a) 7/25/40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/18 day ____ year 1940 hour 7 minute 30 a M.

21. I hereby certify that I attended the deceased from 7-15, 1940 to 7-18, 1940 that I last saw him alive on 7-18-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Heavy ran away & ran over him

Due to: Ruptured vertebral artery

Due to: Diabetes Mel.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(b) Date of occurrence

(c) Where did injury occur? Near Scruggs Mo (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: M R Arnold (M. D. or other)

Address: Jenna Date signed July 19/40

(Licensed Embalmer's Statement on Reverse Side)

212 MN
99

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 John F. Heinrich

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

S. No. 2B
I—2-21-40
I X22659

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

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STANDARD CERTIFICATE OF DEATH

State File No. 24956

Registration District No. Cole 213 Primary Registration District No. 3014

Registrar's No.

1. PLACE OF DEATH

(a) County: Cole

(b) City or town: Jefferson (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 years, months or days)

In this community

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.

3. (a) PRINT FULL NAME: Chas. William Distler

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 39 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18 year 1940 hour minute 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: Septic rain injury and rain oyer kidn. Ruptured artery

Due to: Diabetic mellitis

Due to: fall from / accident July 16 1940

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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)

(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: M. P. Aldridge (M. D. or other)

Address: Jefferson City Date signed

SUPPLEMENTARY