

FILED AUG 16 1940

Registration District No. 47

Primary Registration District No. 3029

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. PLACE OF DEATH:

(a) County Marion  
(b) City or town Harribal  
(c) Name of hospital or institution: ST Elizabeth Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Walter A. Stolte 313

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 Married  
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased June 4 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>9</u>	<u>17</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Joseph Stolte

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

14. Maiden name Anna Hildenbrano

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

16. (a) Informant's own signature Joh Stolte

(b) Address East Harribal 24

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director James H. Hanzel

(b) Address Harribal Mo

19. (a) July 20 1940 (Date received local registrar) (b) W. D. Fisher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL. (b) County Pike County  
(c) City or town East Harribal (If outside city or town limits, write "RURAL")  
(d) Street No. R. R. D. (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1940 hour 10 minute a M.

21. I hereby certify that I attended the deceased from 3-19, 1940, to 3-29, 1940; that I last saw him alive on 3-29-40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Durplig

Due to Diabetes Mellitus

Due to 59

Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? yes

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

23. Signature J. H. Hanzel (M. D. or other) \_\_\_\_\_

Address Harribal Mo Date signed 4-7-40

PHYSICIAN  
Underline the cause to which death should be charged statistically

**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.....

Licensed Embalmer No. *3246*

P. O. Address..... *Hannibal, 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.**