

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

11913

Registration District No.

773

Primary Registration District No.

6018A

Registrar's No.

42

## 1. PLACE OF DEATH:

(a) County St. Francois County

(b) City or town Near Farmington  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
State Hospital No. 4  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME William H. Bammann3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex Male 5. Color or  
race White6. (a) Single, widowed, married,  
divorced divorced6. (b) Name of husband or wife  
Unknown6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased July 21 1870  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
70 7 23 hr. \_\_\_\_\_ min.9. Birthplace Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Bricklayer

## 11. Industry or business

12. Name Unknown13. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Records State Hospital(b) Address Farmington, Missouri17. (a) Burial (b) Date thereof Mich 17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation State Hosp Cemetery18. (a) Signature of funeral director Richard [unclear](b) Address Farmington, Mo19. (a) Mich 17-41 (b) B.A. Robinson  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(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. 10 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16,  
year 1941 hour five minute 25 P.M.21. I hereby certify that I attended the deceased from May 15,  
\_\_\_\_\_, 19 40 to March 16, 19 41;  
that I last saw him alive on March 16, 1941, 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Atherosclerotic Heart Disease with Heart Block</u>	<u>?</u>
<u>Emphysema</u>	<u>2 days</u>
<u>Due to Emphysema</u>	<u>?</u>

Due to	Duration
<u>Calculation of Left Foot</u>	<u>?</u>
Other conditions (Include pregnancy within 3 months of death)	

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Atherosclerosis, Cirrhosis of Liver, Pul. Emphysema, Cholelithiasis

## 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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature Jos. R. Muehly (M. D. or other) md  
Address Farmington, Mo Date signed 3-17-41

OCT 24 1941

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**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.....

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.

*(not to be embalmed)*