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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24900

FILED AUG 15 1941

Registration District No. 213 Primary Registration District No. 30-14 Registrar's No. 212

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
814 W. Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 67 yrs. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 026

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4

(d) Street No. 814 W. Main
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Joseph Stampfli

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Vincentia Stampfli

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

7. Birth date of deceased March 26, 1874
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	3	27	..... hr. ..... min.

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

10. Usual occupation Retired Lawyer

11. Industry or business

FATHER
12. Name Joseph Stampfli
13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kolkmeyer
15. Birthplace Jefferson City, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hugo Monnig
(b) Address Jefferson City, Mo.

17. (a) Burial Mo. (b) Date thereof July 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director John F. Heinrich
(b) Address Jefferson City, Mo.

19. (a) 7/23/41 (b) S V Bidgood M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour 3 minute 45 a.m. M.

21. I hereby certify that I attended the deceased from ..... 1933, to 7-23- 1941;
that I last saw him alive on 7-23- 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Arterio-sclerosis	7 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	97
Major findings: Of operations —	
Of autopsy —	

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 S V Bidgood (M. D. or other) M.D.
Address Jefferson City Mo. Date signed 7/23/41

(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 Sylvester Duelle, Registered Apprentice No. 292 working under my personal supervision.

Signed John F. Heinl

Licensed Embalmer No. 3655

P. O. Address Jefferson City

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

If this body is not embalmed, fact should be so stated above.