

FILED MAY 6 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 438

1. PLACE OF DEATH:

(a) County Rocky Mountain
(b) City or town St Joseph, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Method Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days) since 1903

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin
(c) City or town Stamberg
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

Samuel Herr Dresbach

3. (b) If veteran, name war. ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1942 hour 4 minute 25 P.
21. I hereby certify that I attended the deceased from April 15 1942 to April 27 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Laura Bell Dresbach 6. (c) Age of husband or wife if deceased 5 - 1861
7. Birth date of deceased Feb. 5 - 1861
(Month) (Day) (Year)

Immediate cause of death Stroke - 9 neurones
Due to arteriosclerosis
Due to 1862
Other conditions (Include pregnancy within 3 months of death) 18

8. AGE: Years 81 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation retired farmer

11. Industry or business farmer

12. Name unk
13. Birthplace Paris, Ill. (City, town, or county) (State or foreign country)
14. Maiden name Mary Kathryn Chemery
15. Birthplace unk (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Hansen
(b) Address 2114 W. 82nd St. St. Louis, Mo.
(c) Place: burial or cremation Stamberg, Mo.
(Date received from registrar) (b) Date thereof (Month) (Day) (Year)

18. (a) Signature of funeral director Ray Phillips
(b) Address Stamberg, MO
19. (a) 4/27/42 (b) Rose Hering
(Date received from registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) fall
(b) Date of occurrence Apr 15 - 42 038
(c) Where did injury occur? Stamberg, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? _____ (Specify type of place) (e) Means of injury fall
23. Signature H. H. Waller (M. D. or other) MD
Address 301 N. 8th St. St. Louis, Mo Date signed Apr 27 - 42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

11
7
1942-4-27
22-4-27

MAY 8 1942

MAY 17 1942

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, J. H. Phillips

~~Registered Apprentice No. _____~~

~~working under my personal supervision.~~

Signed

J. H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonksbury, Md

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, fact should be so stated above.