

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

1. PLACE OF DEATH: Cole  
 (a) County Cole  
 (b) City or town Jefferson City, Mo.  
 (c) Name of hospital or institution St. Mary's Hospital  
 (d) Length of stay: In hospital or institution 18 days  
 In this community 50 yrs.

3. (a) PRINT FULL NAME BENJAMIN H. STURM  
 3. (b) If veteran.  name war ✓  
 3. (c) Social Security No. ✓

4. Sex Mo 5. Color or race W. 6. (a) Single, widowed, married, divorced 2 divorced  
 6. (b) Name of husband or wife Mary A 6. (c) Age of husband or wife if alive deceased  
 7. Birth date of deceased Dec 26 1871

8. AGE: Years 70 Months 5 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cole Co. (City, town, or county) (State or foreign country) 0

10. Usual occupation Shoe Maker

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

MOTHER FATHER { 12. Name Andrew Sturm  
 13. Birthplace Germany  
 14. Maiden name Barbara Pines  
 15. Birthplace Germany

16. (a) Informant John B. Sturm  
 (b) Address 510 Bolwar St.

17. (a) Burial (b) Date thereof 5-29-42  
 (c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director St. Peter's Cemetery

(b) Address 217 E. 7th St. Jefferson City, Mo.

19. (a) 5-29-42 (b) Thomas R. Kellner  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Cole  
 (c) City or town Jefferson City, Mo.  
 (d) Street No. 917 N. High  
 (e) Citizen of foreign country? No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 27 sh  
 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Apr 12  
 1942 to May 27 1942  
 that I last saw him alive on May 27 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Synergistic Sepsis  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions 74a  
 (Include pregnancy within 3 months of death)

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

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? \_\_\_\_\_  
 (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 0

23. Signature J. D. Taylor M.D.  
 Address Jefferson City, Mo. Date signed 5-28-42

Duration \_\_\_\_\_  
 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

*Louis J. Quest*

Licensed Embalmer No. *4096*

P. O. Address *Jefferson City*

**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.**