

27492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 24

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 21 1942

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 24

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

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 Jefferson

(b) City or town Murphy *Rock Hill*

(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 Yrs

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Murphy, Mo. RR

(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.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Henry Stethem

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 1942

year 1942 hour \_\_\_\_\_ minutes 60 M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Louisa Stethem

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

7. Birth date of deceased March 24 1855

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20th 1942 to July 26th 1942

that I last saw him alive on July 26 1942

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

87 4 2 hr. \_\_\_\_\_ min.

Immediate cause of death

Lobar Pneumonia 3da

Due to Fract of Hip 7da

9. Birthplace E. St. Louis Ill.

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions No

(Include pregnancy within 3 months of death)

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

Of autopsy No

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

MOTHER FATHER { 12. Name William H. Stethem

13. Birthplace Great Britian 8

(City, town, or county) (State or foreign country)

14. Maiden name Letha Watkins

15. Birthplace Unkuown Unknown 9

(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) 0.50 ✓

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? Home

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant's own signature George Stethem

(b) Address Graite City, Ill.

17. (a) Burial (b) Date thereof 7/29/42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cem.

18. (a) Signature of funeral director Kenneth W. Koch

(b) Address Fenton, Mo.

19. (a) 7/28 (b) Ch. Olinus

(Date received local registrar) (Registrar's signature)

23. Signature J. M. Walters (M. D. or other)

Address Fenton, Mo. Date signed 7/29/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 22 1948

**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 Emmich H. Koch

Licensed Embalmer No. 4272

P. O. Address Fenton, 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.

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STANDARD CERTIFICATE OF DEATH

State File No. 27492

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 24

1. PLACE OF DEATH:

(a) County: Jefferson  
(b) City or town: *[Handwritten]*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community: years, months or days (Specify whether)

3. (a) PRINT FULL NAME: William H. Stelham

3. (b) If veteran, name war: 3. (c) Social Security No.:

4. Sex: m race: w 5. Color or race: w 6. (a) Single, widowed, married, divorced: *[Handwritten]*

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

7. Birth date of deceased: Mar 24 1895 (Month) (Day) (Year)

8. AGE: Years: 87 Months: 4 Days: 11 If less than one day min. **SUPPLEMENTAL**

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

10. Usual occupation:

11. Industry of business:

12. Name: **MOTHER FATHER**

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

14. Maiden name: (City, town, or county) (State or foreign country)

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

16. (a) Informant:

(b) Address:

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

(c) Place: burial or cremation:

18. (a) Signature of funeral director:

(b) Address:

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 1942 year: 1942 hour: minute: M.

21. I hereby certify that I attended the deceased from 9:00 p.m. to 10:00 p.m. on 7/22/42

that I last saw him alive on 7/22/42 and that death occurred on the date and hour stated above.

Immediate cause of death: *[Handwritten]* pneumonia 3da

Due to: *[Handwritten]* Fract. of hip - 7da

Due to: *[Handwritten]*

Other conditions: (Include pregnancy within 3 months of death)

Major findings: *[Handwritten]* 1950

Of operations: *[Handwritten]* 99

Of autopsy: *[Handwritten]*

Duration  
3da  
7da  
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? *[Handwritten]* Home (Specify type of place) (e) Means of injury:

23. Signature: *[Handwritten]* M. Dalton (M. D. or other)

Address: *[Handwritten]* Fenton Mo Date signed: 7/27/42

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

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