

S. No. 2
DM-5-42
Rev. 5-17-39
I X32873

30201

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 5 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 218

Primary Registration District No. 3017.5307

Registrar's No. 108

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

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE (RURAL)
(c) Name of hospital or institution:
3 MILES SOUTH OF BOONVILLE
(d) Length of stay: In hospital or institution
In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County 27
(c) City or town Boonville
(d) Street No. 8 13 East Spring
(e) Citizen of foreign country? citizen (Yes or No) OK
If yes, name country

3. (a) PRINT FULL NAME CHARLES JOSEPH STRETZ
(b) If veteran, name war NONE
(c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased JULY 29 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 1 23 hr. min.

9. Birthplace Boonville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Contracting

MOTHER FATHER {
12. Name FRANK STRETZ
13. Birthplace BOONVILLE MISSOURI
14. Maiden name MARGARET WHITMAN
15. Birthplace CLEAR CREEK MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MISS MAYME STRETZ
(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof SEPT. 15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CATHOLIC CEMETERY STEGNER & KOENIG BOONVILLE, MO.

18. (a) Signature of funeral director Sept-14-42 (b) Dr. Chas. Swap
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 42 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from 8 19 1942 to 9 12 1942
that I last saw him alive on 9 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Left Lung Duration
Due to Cancer of Left Lung

Due to —
Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Physical and x-ray were of tumor of left lung
Of autopsy no
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? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature J. J. Bunkle (M. D. or other) 0
Address Boonville mo Date signed 9.12.42

1088

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1942

RECEIVED

Health Officer No. 8,

File Number

Filed : 10-3-42

OCT 14 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, or by

Registered Apprentice No. working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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, fact should be so stated above.