

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 376

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
701 North Seventh 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 Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL.")

(d) Street No. 701 North Seventh St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Iowa Lee Stoods

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chester 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Unknown 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Mount Vernon, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown - Johnston

13. Birthplace Unknown - Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Chester Henry Stoods

(b) Address 701 N. 7th, St. Charles, Mo.

17. (a) Burial (b) Date thereof Oct. 6-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dallmeyer Sons Co.

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 10-5-42 (b) Clarence J. Wessler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 19 1942 to Oct 3 1942 that I last saw h. e. v. alive on Oct 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death fibrosy cirrhosis Duration 2 wks.

Due to stone in common bile duct 2/1/42

Due to _____

Other conditions nephroschisis 1 5yr?
(include pregnancy within 3 months of death)

Major findings: 1246 PHYSICIAN _____

Of operations none

Of autopsy stone in common bile duct - enlarged liver
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) (c) Means of injury _____

23. Signature Lang Storts (M. D. or other) C.M.D.
Address St. Charles Mo. Date signed 10/10/42

EST J. A. A. A.

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 John E. Hallmeyer
Licensed Embalmer No. 2957
P. O. Address St Charles 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.