29205

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1943

X35697

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 310 Primary Registration District No. 3-0-5-8 Registrar's No. 150

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

1. PLACE OF DEATH
(a) County St Charles
(b) City or town Rural St Charles Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD 40
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Charles
(c) City or town Rural RFD #40
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #40
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dr B. Kurt Stumberg
3. (b) If veteran Spanish American (c) Social Security
name war World War #1 No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marion
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased November 27 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 23 If less than one day hr. min.

9. Birthplace St Charles Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Doctor of Medicine
11. Industry or business
FATHER
12. Name John H Stumberg
13. Birthplace St Charles Mo.
(town, or county) (State or foreign country)
MOTHER
14. Maiden [illegible]lene Linneman
15. Birthpl[illegible]over Germany
(town, or county) (State or foreign country)
16. (a) Informant Helene Stumberg
(b) Address St Charles Mo.
17. (a) Burial (b) Date thereof Aug. 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove St Charles
18. (a) Signature of funeral director Hackmann-Bam
(b) Address 3 N 6th St, St Charles Mo
19. (a) Aug 23 1943 (b) Ernst E. Paule
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1943 hour 6:20 minute P. M.
21. I hereby certify that I attended the deceased from Aug 8th 1943 to Aug 20th 1943
that I last saw him alive on Aug 20th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary occlusion
Due to
Due to Chronic Myocarditis
Other conditions Gen. Arterio sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

93d

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature A P Erich Schulz Mo (M. D. or other)
Address St Charles Mo. Date signed 8/23/43

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1943

APR 8 1954

JUL 8 1 1958

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 Apprent[illegible] working under my personal supervision.

Signed Arthur C [illegible]

Licensed Embalmer No. 3144

P. O. Address St Charles Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
0M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 150

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town Rural - St. Charles Twp.
(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 (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME Dr. B. Kurt Stumberg
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 27 1878 (Month) (Day) (Year)
8. AGE: Years 67 Months 8 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
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) Ernst E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1943 hour 1 minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

OCT 1 1943

OCT 8 1943

OCT 11 1943

29205