S. No. 2
—4-13-40
. 5-17-39
X23159

2
2
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29532

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 70

1. PLACE OF DEATH:
(a) County Shelby.
(b) City or town Shelbina.
(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
In this community 3 Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 102 2 0
(a) State Missouri (b) County Shelby
(c) City or town Shelbina
(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.? 0 years.

3. (a) PRINT FULL NAME Catherine STienbach.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband ~~or wife~~ George STienbach
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 1 (Day) 1869 (Year)

8. AGE: Years 74 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Grumbach (City, town, or county) Germany (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Not Known. Distler
13. Birthplace Not Known (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Elsie Robertson
(b) Address Shelbina, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 8 (Day) 1943 (Year)
(c) Place: burial or cremation Hebron Cemetary
18. (a) Signature of funeral director C W Musgrove
(b) Address Bethel, Missouri
19. (a) Aug 23 43 (Date received local registrar) (b) Madge Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1943 hour 3 minute 50 P. M.
21. I hereby certify that I attended the deceased from 5-3-43, 19, to 8-6-43, 19;
that I last saw her alive on 8-6-43, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	4 da
Due to Arterio-Sclerosis	
Due to Chronic nephritis	
Other conditions Diabetes Mel. (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations
Of autopsy 61

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? (f) Means of injury
23. Signature A. M. Wood. (M. D. ~~or other~~)
Address Shelbina Date signed 8-10-43

1095

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-43-1524
Date Filed SEP 10 1943

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 ..... Self ....., Registered Apprentice No. ....., working under my personal supervision.

Signed C. W. Musgrove

Licensed Embalmer No. 2719

P. O. Address Bethel, 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.