

FILED MAR 10 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 6075

Registrar's No. 413

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington, RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 yrs. 5 mos. 9 d s.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve
(c) City or town River Aux Vases, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30,
year 1944 hour 2 minute 35 P.M.

21. I hereby certify that I attended the deceased from April 1, 1925, 19____, to Jan. 30, 1944, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis
Chronic Myocarditis

Duration
1 yr
2 yrs

Due to _____
Due to _____

Other conditions Psychosis
(Include pregnancy within 3 months of death) 20 yrs

Major findings:
Of operations _____
Of autopsy _____
1381

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 injury)
While at work? _____
(e) Means of injury S
23. Signature James L. Doctol (M. D. or other)
Address Farmington Date signed 2/1/44

3. (a) PRINT FULL NAME MARY L. STOLZER
3. (b) If veteran, No name war _____
3. (c) Social Security None No. _____

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

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace River Aux Vases Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Anselm Stolzer

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

14. Maiden name Caroline Staab

15. Birthplace River Aux Vases Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 2-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospt. Cem., Farmington, Mo.

18. (a) Signature of funeral director Cozean Funeral Home

(b) Address Farmington, Missouri

19. (a) Feb 25-1944 (b) Byrdie Buchmeister
(Date received local registrar) (Registrar's signature)

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

74
0
0

1196

RECEIVED

District Health Officer No. 4
District File Number 340-347
Date Filed 3-7-44

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.

not embalmed.

Signed.....

C. Hozen

Licensed Embalmer No. 4084

P. O. Address Summit 7

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.