

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union Rural  
(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 all her life

3. (a) PRINT FULL NAME Annie M. Stahlmann

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, Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 II I6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pacific, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired House Keeper

11. Industry or business \_\_\_\_\_

12. Name John Schuster

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

14. Maiden name Annie M. Becker

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

16. (a) Informant Mrs. Phil Baumgarth

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof Jan 18 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director Wm. H. Stone

(b) Address Union, Missouri

19. (a) 1-17-44 (b) Donald W. Peyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union, Rural  
(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 16  
year 1944 hour 5:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 12-23  
1943 to 1-16 1944  
that I last saw her alive on 1-13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Senial Dementia 6 yrs  
Arterio sclerotic  
Cerebro Vasculer disease 17 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93d  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 B. M. Stahlmann (M. D. or other) M.D.  
Address Union, Mo. Date signed 1-17-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-22-44

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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 W. H. Hoen

Licensed Embalmer No. 3175

P. O. Address Union, 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.