

S. No. 2  
M-8-43  
5-17-39  
P 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2049  
Registrar's No. 1

FILED FEB 28 1945  
Registration District No. 80

Primary Registration District No. 5307

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

1. PLACE OF DEATH:

(a) County Cole *moreau Twp.*  
(b) City or town Lohman, Mo.  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole 26  
(c) City or town Lohman Mo. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Nicklous Pistel

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

4. Sex Male 5. Color or race White 6. (c) Single, widowed, married, divorced, Widowed  
7. (b) Name of husband or wife Caroline Pistel 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 23 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>4</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Stringtown Mo. (City, town, or county) (State or foreign country) 1

10. Usual occupation Retired Farmer

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

12. Name Nick Pistel  
13. Birthplace Lohman Mo. (City, town, or county) (State or foreign country) 1

14. Maiden name Mary Schoedel

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Donie Blochburger

(b) Address Lohman, Mo.

17. (a) Burial (b) Date thereof 1/2/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lohman Luth. Cem

18. (a) Signature of funeral director Heinz Scherger

(b) Address Russellville

19. (a) Jan 2 1945 (b) Mrs. E. W. Plemons  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 31 1944  
year 5 ; 40 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec. 26 1944 to Dec. 30 1944  
that I last saw him alive on Dec. 30 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Arteriosclerosis

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

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

Major findings: Of operations 530  
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 E. M. Elbert (M.D. or other) Do  
Address Russellville Date signed 1/2/45

Duration

4 days  
1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-2-45

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. 2870  
working under my personal supervision.

Signed W. Schuckert

Licensed Embalmer No. 2870

P. O. Address Russellville

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.