

FNFB JUL 7 1945

Registration District No. 382

Primary Registration District No. 4531

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Warren  
(b) City or town Warrenton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether

In this community 50 years  
years, months or days)

3. (a) PRINT FULL NAME Anna Margaret Stueckemann

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 Married

(b) Name of husband or wife Charles J. Stueckemann 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased August 22, 1859  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Leavenworth Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Charles Heidel

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

14. Maiden name Mary Fengel

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

16. (a) Informant Dr. Chas. J. Stueckemann

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 6-5-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director W. H. ...  
(b) Address Warrenton, Mo.

19. (a) June 5 1945 (b) John A. Babermeier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren  
(c) City or town Warrenton  
(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 June day 2  
year 1945 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from June 1st 1945 to June 2nd 1945  
that I last saw him alive on June 1st 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
Duration hours

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 94

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature John A. Babermeier (M. D. or other) \_\_\_\_\_  
Address Warrenton, Mo. Date signed 6/5/45

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

19  
1  
0

1264

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-6-45

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.....  
working under my personal supervision.

Signed John J. Liebman  
.....  
..... Licensed Embalmer No. 3897  
..... P. O. Address Warrenton, Ind.

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.