S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31096

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 146

1. PLACE OF DEATH
(a) County: Nodaway
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 708 East 1st. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 26 years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Maryville 1
(If outside city or town limits, write "RURAL") 708 East First
(d) Street No.: 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Michael Sturm
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married 1
6. (b) Name of husband or wife: Anna Sturm
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: Dec. 29, 1863 (Month) (Day) (Year)
8. AGE: Years 81 Months 8 Days 29 If less than one day ____ hr. ____ min.
9. Birthplace: Port Washington, Wis. 1 (City, town, or county) (State or foreign country)
10. Usual occupation: retired farmer
11. Industry or business:
FATHER 12. Name: John Sturm
FATHER 13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Magderine Scibroder
MOTHER 15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Anna Sturm
(b) Address: Maryville, Mo.
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 10-1-45 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's cemetery
18. (a) Signature of funeral director: Price Funeral home
(b) Address: Maryville Mo
19. (a) Oct 8 1945 (Date received local registrar) (b) Deso Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 28 day 1945 year 7 hour 20 P. minute M.
21. I hereby certify that I attended the deceased from Aug. 10 1945, to Sept 28 1945, that I last saw him alive on Sept 28 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial degeneration. Fecal stasis, Sepsis — Duration
Due to: Debilitation
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 930
Of autopsy:

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? (e) Means of injury:
23. Signature: A. M. Nallis (M. D.)
Address: Maryville Mo Date signed 10-1-45

1599

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 11,
District File Number.....
Date Filed.....

Signed W L Lee

Licensed Embalmer No. 2539

P. O. Address Maryville 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.