

FILED DEC 29 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 169

Primary Registration District No. 4268

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Edina Mo.  
(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 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Michael J. Stablier

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

4. Sex M. 5. Color or race Wh. 6. (a) ~~Single, widowed, married,~~ divorced Married  
6. (b) Name of husband or wife Emilia (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased Feb 27 1860 (Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Michael Stablier  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Magdalena Stablier  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant M. J. Stablier

(b) Address 1127 E. Main St. Edina Mo.

17. (a) Rural (b) Date thereof 12 5 1945 (Month) (Day) (Year)  
(c) Place: burial or cremation New Catholic Cemetery Edina Mo.

18. (a) Signature of funeral director L. J. Kelly

(b) Address Edina Mo.

19. (a) Dec. 6 - 45 (b) Neil S. Summt (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52  
(c) City or town Edina 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1945 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from Aug first 1945 to Dec 2 1945

that I last saw him alive on Dec 1 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block  
Has had Bronchietasis

Duration 5 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 950

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 0

23. Signature M. S. Linnan (M. D. or other)

Address Edina Mo. Date signed Dec 5/45

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

RECEIVED

District Health Officer No. 10

District File Number 12-45-1950

Date Filed DEC. 20. 1945

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.....

Licensed Embalmer No. 3755

P. O. Address. Hurdland M.

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.