

S. No. 2
4-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4381**
Registrar's No. **39**

Registration District No. **362** Primary Registration District No. **6235**

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Warren--Rural Pickney Twp
(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)
In this community All of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren **107**
(c) City or town Rural --- Pickney **0**
(If outside city or town limits, write "RURAL")
(d) Street No. 14 miles southwest of Warrenton **0**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Herman Frederick Stuehmeyer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 5 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Fritz Stuehmeyer

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

14. Maiden name Mary Knigge

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

16. (a) Informant Arthur C. Schroer

(b) Address R. 3, Warrenton, Mo.

17. (a) Burial (b) Date thereof Jan. 13, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holstein Missouri

18. (a) Signature of funeral director Fred W. Lichtner

(b) Address Merthasville Mo

19. (a) Jan 14, 1946 (b) Mrs. Hugo Luttman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th
year 1946 hour 10 minute 20 M.

21. I hereby certify that I attended the deceased from Jan 9
1946 to Jan 10, 1946
that I last saw him alive on Jan 10th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Subarachnoid hemorrhage **12 yr**
Wernicke encephalitis **4 yr**

Due to Chr Myocarditis **4 yr**
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations **1310**
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature W. E. Johnson (M. D. or other) **2420**
Address Merthasville Mo Date signed 1/11/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3445

333

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-7-46

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 Fred W. Lichtenberg
Licensed Embalmer No. 1321
P. O. Address Marthasville Va

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.