

No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1946
Registration District No. 110

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40170
Registrar's No. 32

Primary Registration District No. 4181

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Berger
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
His Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 2 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Berger,
(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.....

3. (a) PRINT FULL NAME CARL FREDERICK STURM
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 5th
year 1946 hour 2 minute 20 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Mina Sturm
(c) Age of husband or wife if alive 76 years
7. Birth date of deceased October 21 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 18, 1945 to December 5, 1946
that I last saw him alive on December 5, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 1 14 hr. min.

Immediate cause of death Uremia Duration 1 week
Due to Prostatic hypertrophy with urinary retention 1-3 years
Due to.....

9. Birthplace Husingen Baden Germany
(City, town, or county) (State or foreign country)

Other conditions Arthritis of spine South
(Include pregnancy within 3 months of death)

10. Usual occupation Minister of the Gospel

Major findings: Of operations no operation
Of autopsy no autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business Minister of the Gospel
12. Name Frederick Sturm
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Magadein Roskopf
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Carl Sturm, Jr.
(b) Address Berger, Mo.

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?

17. (a) Burial (b) Date thereof 12/9/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work (Specify type of place) (c) Means of injury

(c) Place: burial or cremation St. Johns, Berger, Mo

18. (a) Signature of funeral director Paul H. Blumer
(b) Address Berger Mo
19. (a) Dec 7 1946 Jeffie A. Trammell
(Date received local registrar) (Registrar's signature)

23. Signature B. P. Eisenman (M. D. or other) M.D.
Address New Haven, Mo. Date signed 12/16/46

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

38984

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RECEIVED
District Health Officer No. 9
District File Number
Date Filed 12-12-56

JUL 15 1957

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: *Heeman Blawie*
Licensed Embalmer No. *528*
P. O. Address: *Blawie, 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.