S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12735

Registration District No. 52 | Primary Registration District No. 4296 | Registrar's No. 37

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: ~~Cape Girardeau~~ BURFORDSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Rhodes Inn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 12 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Gir. 16
(c) City or town: Burfordsville
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural Rhodes Inn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Louis H. Stoll
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Rose Stoll
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: April 6, 1886 (Month) (Day) (Year)
8. AGE: Years 61 | Months 0 | Days 19 | If less than one day ..... hr. ..... min.
9. Birthplace: Cape Girardeau County Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Jacob Stoll
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name: Unk.
15. Birthplace: (City, town, or county) (State or foreign country) 9
16. (a) Informant: C. L. Stoll
(b) Address: Cape Girardeau Mo
17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof: 4-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Hanover Cemetery
18. (a) Signature of funeral director: [illegible]
(b) Address: Cape Girardeau Mo
19. (a) 5-1-47 (Date received local registrar) (b) D. G. Sutter (Registrar's signature) 43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1947 hour 5 minute 30 p. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Occlusion of the Coronary Arteries
Due to: Arterio-Sclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: G.H.
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: 2
23. Signature: J. F. Sigmund Coroner (M.D. or other) 4/28/47
Address: Jackson, Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

Officer No. 4
Number 547-661
5-7-47

MAY 12 1947

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. 3390

P. O. Address Cape

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.