

FILED OCT 15 1947

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 223

1. PLACE OF DEATH:

(a) County COLE
(b) City or town JEFFERSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 9 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County GASCONADE
(c) City or town Hermann 37
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD STAEHR

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife LOUISA STAEHR 6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased MAY 15 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Chas. Stoehr 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred. Loyd

(b) Address 400 Harrison - Jefferson City, Mo

17. (a) Removal (b) Date thereof 10-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann Mo

18. (a) Signature of funeral director Hugh H. Blumer
(b) Address Hermann Mo

19. (a) 10-9-47 (b) R.P. Harris MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 9
Year 1947 hour 11:02 minute 9 M.

21. I hereby certify that I attended the deceased from Sept. 30 1947 to October 9, 1947
that I last saw him alive on October 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease - Myocardial failure
Due to Generalized arteriosclerosis

Other conditions: Insanity
(include pregnancy within 3 months of death)

Major findings: Insanity
Of operations _____
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? _____

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

23. Signature H. Ossman MD (M. D. or other)
Address Jefferson City Mo Date signed 10-9-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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5
4
30 v

DEC 8 1947

RECEIVED
District Health Officer No. 9,
District File Number
OCT 14 1947
Date Filed

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.....

Signed.....

August Blumer

Licensed Embalmer No. 3160

P. O. Address Herrmann 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.