

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35351

FILED OCT 29 1947

Registration District No. 273

Primary Registration District No. 6004

State File No.

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Ilasco
(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 ----- years, months or days)

3. (a) PRINT FULL NAME STEFAN STIMEL

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 married

6. (b) Name of husband or wife Anna Stimel 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December 26 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 19 If less than one day
hr. min.

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

10. Usual occupation retired laborer
11. Industry or business Universal Atlas Cement Co.

12. Name Matthew Stimel
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

14. Maiden name Anna Polc
15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Stimel
(b) Address Ilasco, Missouri

17. (a) burial (b) Date thereof 9/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director R. O. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 9-25-47 (b) N. J. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Ilasco
(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 -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 1947
year 10 hour 20 minute 8 A.M.

21. I hereby certify that I attended the deceased from 12-6 1946 to 12-31 1946;
that I last saw him alive on 12-31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis

Due to -----
Due to -----

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 6

Of autopsy 6

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 0
23. Signature R. L. Munn (M. D. or other) MD
Address Hannibal Date signed 9/12/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

OCT 28 1947

NOV 1 1947

District No. 0
District File Number 10-47-1461
Date OCT 27 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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address 1000 Broadway
Hannibal, Missouri

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of Missouri

County of Marion

ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 12

On this 13th day of November, 1947, before me appears Mary Stimel, who, upon her oath, states that the original record of ~~birth~~ ^{death}

for Stefan stimel ^{died} ~~born~~ September 15, 1947, in the State of Missouri, and which was filed at New London, MO. on 9-25, 1946, should be corrected as follows:

Item No. 19a should read 9-25-47

Instead of 9-25-46

Item No. 20 should read Sept. 15, 1947 10:20 A.M.

Instead of Sept. 15 10:20 A. M.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Stimel daughter
Relationship.

Ilasco, Mo.

Present Address.

Subscribed and sworn to before me this 13th day of November, 1947.

My Commission expires June 1, 1948

W. C. Fisher
W. C. Fisher, City Clerk

~~Not Public~~

S-35557