S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 17 1948
Registration District No. 2743

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5918

State File No. 5704
Registrar's No. 2

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural Salem
(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 75-6-26
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Henry J. Stueve
3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Stueve
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased June (Month) 10 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	6	26	hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name Clause Stueve
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Margarete Vonklon
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Anna Stueve
(b) Address Farrar Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Farrar Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) Jan 9-48 (Date received local registrar) (b) Jos J Zoellner (Registrar's signature) 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1948 hour 11 minute 5 A.M.

21. I hereby certify that I attended the deceased from August 21, 1940 to January 6, 1948; that I last saw him alive on January 3rd, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	8 years
Due to: Mitral Stenosis	8 yrs
Due to: Rheumatic Heart Disease	40 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

92B

PHYSICIAN
Underline the cause of 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) 0
While at work ..... (e) Means of injury .....

23. Signature Theodore Fischer M. D. or other M.D.
Address Altenburg, Mo Date signed 1/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 248-20

Date Filed 2-16-48

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.