

No. 2
-8-43
-17-39
X37823

FILED JUL 6 1948
Registration District No. **291**

Primary Registration District No. **3048**

Registrar's No. **150**

1. PLACE OF DEATH:
 (a) County **Nodaway**
 (b) City or town **Maryville**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **one week**
(Specify whether years, months or days)
 In this community **82 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Nodaway**
 (c) City or town **Maryville**
(If outside city or town limits, write "RURAL")
 (d) Street No. **708 East 1st**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **ANNA STURM**
 (b) If veteran, name war **none**
 (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **16**
 year **1948** hour **9** minute **45** P.M.

4. Sex **F** / 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **W**
 (b) Name of husband or wife **Michael Sturm**
 (c) Age of husband or wife if alive **1865** years
 7. Birth date of deceased **Nov. 28 1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 16**, 19**48**, to **June 16**, 19**48**;
 that I last saw her alive on **June 16**, 19**48**;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 **6** **18** hr. min.

Immediate cause of death **Acute coronary obstruction**
 Duration **15 min.**

9. Birthplace **Maryville Missouri**
(City, town, or county) (State or foreign country)

Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations **gfw**
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

10. Usual occupation **Housewife**
 11. Industry or business **Home**

MOTHER FATHER
 12. Name **Nicholas Thull**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Baker**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Lucy Sturm**
 (b) Address **708 E. 1st, Maryville, Mo.**
 17. (a) **burial** (b) Date thereof **6/19/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Mary's**

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.....

18. (a) Signature of funeral director **Price Funeral Home**
 (b) Address **Maryville Mo.**
 19. (a) **6-26-48** (b) **Bessie Holt**
(Date received local registrar) (Registrar's signature)

23. Signature **W.C. Bauman** (M. D. or other) **MD**
 Address **1510 Main Maryville** Date signed **6/18/48**

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

DISTRICT HEALTH OFFICE
Camden, Md.

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.