

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

13523

State File No. ....

FILED MAY 4 1953		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 129	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 29 N. Henderson			
3. NAME OF DECEASED (Type or Print) a. (First) Edgar b. (Middle) Rudolph c. (Last) Stehr			4. DATE OF DEATH (Month) (Day) (Year) April 28, 1953				
5. SEX Male	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19, 1899	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 9 Days 9	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Supt.		10b. KIND OF BUSINESS OR INDUSTRY Missourian Printing Co.		11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Rudolph Stehr		13b. MOTHER'S MAIDEN NAME Barbara Franz		14. NAME OF HUSBAND OR WIFE Lillian Emma Stehr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-05-5111		17. INFORMANT'S SIGNATURE OR NAME Lillian Emma Stehr ADDRESS 29 N. Henderson Cape Girardeau, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 7 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) ✓ DUE TO (c) ✓					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓					
19a. DATE OF OPERATION -		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/28, 1953, to 4/28, 1953, that I last saw the deceased alive on 4/28, 1953 and that death occurred at 11 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) K. Washley M.D.				23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 4/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 30, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		
DATE REC'D BY LOCAL REG. 5-1-53		REGISTRAR'S SIGNATURE C. C. Summer		25. FUNERAL DIRECTOR'S SIGNATURE Ford-Young Funeral Home		ADDRESS Cape Gir., Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

164  
0

1961  
AUG 7

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lewell Green  
Licensed Embalmer No. 4736

P. O. Address Cape Girardeau, 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.