

STANDARD CERTIFICATE OF DEATH

State File No. **25446**
Registrar's No. **71**

FILED JUL 31 1953

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

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 559V		Registrar's No. 71	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Joachim		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give town) Herculaneum 0500		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____							
3. NAME OF DECEASED (Type or Print) a. (First) Philip		b. (Middle) E.		c. (Last) Stumpf		4. DATE OF DEATH (Month) (Day) (Year) July 14 - 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 10 - 1890	
9. AGE (If years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Worker		11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10b. KIND OF BUSINESS OR INDUSTRY Joseph Lead Co.		13a. FATHER'S NAME George Stumpf		13b. MOTHER'S MAIDEN NAME Emma Schutz		14. NAME OF HUSBAND OR WIFE Emmanuel Bequette Stumpf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Emma Stumpf ADDRESS Herculaneum			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 30 min	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular disease				15 yrs	
		DUE TO (c) _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Apr 1937 , to July 14, 1953 , that I last saw the deceased alive on 7/14, 1953 , and that death occurred at 8:40 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Dr E Jensen (Degree or title) MD				23b. ADDRESS Herculaneum Mo		23c. DATE SIGNED 7/16/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 17 - 1953		24c. NAME OF CEMETERY OR CREMATORY Catholic Cem		24d. LOCATION (City, town, or county) (State) Herculaneum Mo.	
DATE REC'D BY LOCAL REG. 7-17-53		REGISTRAR'S SIGNATURE Henry R. Polite		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Unizard ADDRESS Festus Mo.			

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUL 29 1953

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

James J. Lawrence Ford

Licensed Embalmer No. *4744*

P. O. Address *Crystal City, 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.