

FILED MAR. 8 1955

STANDARD CERTIFICATE OF DEATH

State File No. **4445**BIRTH NO. _____ REG. DIST. NO. **113** PRIMARY REG. DIST. NO. **4185** Registrar's No. **515**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) St. Clair		c. LENGTH OF STAY (in this place) 46 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN St. Clair	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Herbert H Stahlman		4. DATE OF DEATH March 3, 1955	
a. (First)		b. (Middle)	
c. (Last)		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 28, 1908		9. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sup't		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	
11. BIRTHPLACE (City and State or Foreign Country) St. Clair, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME M.W. Stahlman		13b. MOTHER'S MAIDEN NAME Mary Dietz	
14. NAME OF HUSBAND OR WIFE Luella Stahlman		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.		17. INFORMANT'S SIGNATURE OR NAME Paul Stahlman ADDRESS St. Clair, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) Self inflicted gunshot DUE TO (c) wound in head 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 E976 X	
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.) About Farm		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Clair Central Franklin Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 3 1955 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Gunshot wound			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Erlst P. Deltmann Coroner		23b. ADDRESS Sherald, Missouri	
23c. DATE SIGNED Mar 4, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 6, 1955	
24c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery		24d. LOCATION (City, town, or county) (State) St. Clair, Mo.	
DATE REC'D BY LOCAL REG. 3-5-55		REGISTRAR'S SIGNATURE Floyd Williams	
25. FUNERAL DIRECTOR'S SIGNATURE Casey & Lenot		ADDRESS St. Clair, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

VS OCT 21 1986

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.....
Signature of Student Embalmer

Signed *R. M. Lewis*.....

Licensed Embalmer No. *3601*

P. O. Address *St. Clair*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.