No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4451

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 6

371

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hermann, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Gasconade
c. CITY OR TOWN Hermann, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 0371 0

3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) M. c. (Last) Stoehr

4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1955

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 14, 1884
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 8 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY His own farm
11. BIRTHPLACE (City and State or Foreign Country) Hermann, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Charles Stoehr
13b. MOTHER'S MAIDEN NAME Margurette Weber
14. NAME OF HUSBAND OR WIFE Ida Stoehr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Charles Stoehr ADDRESS Hermann, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute circulatory collapse	
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary thrombosis	10 min.
DUE TO (c)	Coronary arteriosclerosis	15 yrs.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Bronchial asthma	25 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 16, 1939, *to* Feb. 16, 1955, *that I last saw the deceased alive on* Feb. 16, 1955, *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE Cl. A. Jeter (Degree or title) DO
23b. ADDRESS Hermann, Mo.
23c. DATE SIGNED 2/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 19/55
24c. NAME OF CEMETERY OR CREMATORY City
24d. LOCATION (City, town, or county) (State) Hermann Mo.

DATE REC'D BY LOCAL REG. 2-19-55
REGISTRAR'S SIGNATURE Delma Gerken 492
25. FUNERAL DIRECTOR'S SIGNATURE Elmer R Ruediger ADDRESS Hermann Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 2044

P. O. Address Hermann, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.