

Health, Welfare, Public Service

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 17376

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 17

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1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton		c. CITY OR TOWN Hermann 0371 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home		Length of stay in lb 3 1/2 yrs	
d. STREET ADDRESS 3rd & Market		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Frieda M. Stoehr			4. DATE OF DEATH Month Day Year Feb. 17, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 23, 1872
9. AGE (In years last birthday) 84		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Germany 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Fredrick Gutman	
13b. MOTHER'S MAIDEN NAME Magdalena Enchelmeier		14. NAME OF HUSBAND OR WIFE unknown	
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. NONE	17. INFORMANT Address Frieda Allemann, New Florence, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Verdict of Coroners Jury			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Death due to fire at Katie Jane Home, about 2:35 P.M.			
DUE TO (c) Origin of Fire undetermined. 9167			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 40			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Burning of Katie Jane Home		
20c. TIME OF INJURY Hour Month, Day, Year a.m. 2:35 p.m. 17 1957	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Working Home		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Working Home	20f. CITY, TOWN, OR LOCATION Warrenton	COUNTY Warren	STATE Mo
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. H. Pruggs Jr. Coroner		(Degree or title) 3	22b. ADDRESS Warrenton, Missouri
22c. DATE SIGNED 3-10-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-21-57	23c. NAME OF CEMETERY OR CREMATORY Hermann City Cemetery	23d. LOCATION (City, town, or county) (State) Hermann, Missouri
24. FUNERAL DIRECTOR Hugo H. Blumer, Hermann, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 3-10-57
		26. REGISTRAR'S SIGNATURE Lloyd Logan	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *John Hucking*

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, OR*

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.