

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039483

STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 118 Primary Registration District No. 5437 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Gasconade		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 Rural Bourbais Sup		c. CITY OR TOWN Rural 0370 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Ernest Middle Henry Last Struckmeyer		4. DATE OF DEATH Dec 3, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 2, 1871
9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR 11 Months 1 Days	11. 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 Farming Ret	11. BIRTHPLACE (City and state or country) Germany
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Unknown	
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT Elmer Struckmeyer, Cuba, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure DUE TO (b) Cerebral Anoxia DUE TO (c) Generalized Carcinomatosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Advanced Age			INTERVAL BETWEEN ONSET AND DEATH 3 mos Yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9-26-58 to Dec 2, 1958 and last saw her him alive on Dec 2, 1958 Death occurred at 8:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Will Feltner (Degree or title)		22b. ADDRESS NO. 2 Bland Mo	
22c. DATE SIGNED 12/5/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Dec 5, 1958		23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
23d. LOCATION (City, town, or county) St. James, Missouri		(State)	
24. FUNERAL DIRECTOR Jesse G. H. James ADDRESS		25. DATE RECD. BY LOCAL REG. December 11, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Marvin Zappmeyer			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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 *G. Jesse Gahr*.....

Licensed Embalmer No. *47*

P. O. Address *St. Jarr*

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