N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4716
Do not use this space.

2 791

1 Registration District No. 1003

Primary Registration District No. ..... Registered No. 1409

1. PLACE OF DEATH
(a) County .....
(b) Township .....
(c) City St. Louis, Mo. (d) Street No. 3305 Wisconsin Ave., St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

360

2. PRINT FULL NAME Fred Stiehr
(a) Residence, No. 3305 Wisconsin Ave. St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Stiehr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17, 1886

7. AGE: Years 52 | Months 6 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo. 0

FATHER
13. NAME: John Stiehr 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Elizabeth Goebel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mary Stiehr, 3305 Wisconsin Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old SS. Peter & Paul DATE Feb. 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wm. C. Moydell, X 1926 Allen Ave.

20. FILED FEB 14 1939 J. B. Bredick, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to Feb 13, 1939
I last saw him alive on Feb 10, 1939. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

Mitral Regurgitation
Ascites

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) F. W. Kinnica, M. D.
(Address) 3315 S. Jefferson Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

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, above space should be left blank.