REC'D APR 12 1939

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

8688
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 2453
(c) or City St Louis Mo (d) Street No. FIRMIN DESLOGE HOSP 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.

355

2. PRINT FULL NAME Grace Stehman
(a) Residence, No. 2907 EADS AVE St. 17
(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: FEMALE
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: WILLIAM STEHMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 13 1902
7. AGE: 37 YEARS, MONTHS: 0, DAYS: 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HOUSEWIFE
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 MISSOURI

FATHER
13. NAME: FRANK ROBERTS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

MOTHER
15. MAIDEN NAME: MARY CAGNEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

17. INFORMANT (ADDRESS): WILLIAM STEHMAN 2907 EADS AVE.
18. BURIAL, CREMATION, OR REMOVAL PLACE: CALVARY CEM DATE: Mar 16 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): E J Schnur 3125 Lafayette Ave
20. FILED: MAR 15 1939 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/10/, 1939, to 3/13, 1939
I last saw her alive on 3/12/, 1939. Death is said to have occurred on the date stated above, at 12:20pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple abscess of lungs	3/9/39
Broncho-pneumonia	3/9/39
(Causative organism uncertain. No typable of pneumococci found.)	

Other contributory causes of importance:
Hypertensive cardio-vascular disease — Uncertain

Name of operation: None Date of
What test confirmed diagnosis? Phys. exam, x-ray & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: No
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? No
If so, specify
(Signed) G. O. Brown, M. D.
(Address) 1325 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Jos B Vollmer.....

Licensed Embalmer No.....4014.....

P. O. Address.....3125 Lafayette Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.