

**OCT 1 1939 791**  
Registration District No. **1008**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4960 LABADIE AVE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 16  
(c) City or town ST. LOUIS, MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4960 LABADIE AVE.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME MARIE B. STINGEL

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ALBERT J. STINGEL 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased FEBRUARY 11 1898  
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SALISBURY ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation SECRETARY

11. Industry or business OFFICE BLDG.

12. Name NATHAN C. ANTLE

13. Birthplace SIGOURNEY TOWA.  
(City, town, or county) (State or foreign country)

14. Maiden name BERGSET SHANNAN

15. Birthplace \_\_\_\_\_ IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albert Stingel

(b) Address 4960 Labadie Ave.

17. (a) REMOVAL (b) Date thereof SEPT. 14 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALISBURY, ILLINOIS

18. (a) Signature of funeral director M. M. Schumacher

(b) Address 4834 Natural Bridge

19. (a) SEP 3 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 1  
year 1939 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 6, 1939, to Sept. 1, 1939  
that I last saw her alive on Sept. 1, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Myocardial Exhaustion

Due to General Abdominal Cancer metastasis

Due to Adeno. Carcinoma of Cervix

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Extensive Peritoneal Adeno. Carcinomatosis

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James H. Cummings (M. D. or other) \_\_\_\_\_  
Address 1444 N. Euclid Date signed 9/2/39

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1-30-2000

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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 John Tetter  
Licensed Embalmer No. 3880  
P. O. Address.....

**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.**