

REC'D AUG 25 1940

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5857**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City, or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs. 5 mo. 6 days
In this community 72 yrs. 3 mos. 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
Street No. 4015 Hartford
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10,
year 1940 hour 11:20 minute 3 A.M.
21. I hereby certify that I attended the deceased from July 1, 1940 to July 10, 1940
that I last saw him alive on July 10, 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Harry W. Stoetzle 332

3. (b) If veteran, No name war. _____
3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate Stoetzle 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased. April (Month) 3 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Engraver

11. Industry or business Photo

12. Name William Stoetzle

13. Birthplace Germany (State or foreign country)

14. Maiden name Lena Apple

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Arthur J. Dornally

(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof 7-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Arthur J. Dornally

(b) Address 3840 Lindell Blvd

19. (a) JUL 12 1940 (b) J. D. Braddock
(Date received local registrar) (Registrar)

Immediate cause of death Arteriosclerotic Heart Disease
7-1-40x

Due to Cerebral Arteriosclerosis
7-1-40 x

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Yes

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Robert Eickman (M. D. or other) _____

Address 5400 Arsenal St Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Blvd

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.