

No. 2
-13-40
17-39
X23159

27347

SEP 25 1940 791

1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 7243

1. PLACE OF DEATH:

(a) County.....

(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: 2604 N. 22nd St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community Unknown

3. (a) PRINT FULL NAME Elsie B. Stoltzenburg 303

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Otto G. Stoltzenburg 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 22, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>4</u> hr. min.

9. Birthplace Litchfield, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

12. Name Melvin Madison 1

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

14. Maiden name Jennie Coleman

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Otto G. Stoltzenburg

(b) Address 2604 N. 22nd. St.

17. (a) Burial (b) Date thereof 8/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 28 1940 (b) [Signature]
(Date received local registrar) (Date of signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2604 N. 22nd St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th
year 1940 hour 12:15 PM minute..... M.

21. I hereby certify that I attended the deceased from Sept 1
1935, to Aug 26, 1940
that I last saw her alive on Aug 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Instant

Due to Arterio Sclerosis 5 years

Due to 82a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Aut.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 John W. Macdonald M.D. or other M.D.

Address 539 N. Grand Date signed 8-28-40

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

MOTHER FATHER

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo.

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, fact should be so stated above.