

NOV 14 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8811

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:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days 20
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME (Tony) Stimack

3. (b) If veteran, name war. ---- 3. (c) Social Security No. 492-09-4705

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

6. (b) Name of husband or wife Margaret Stimack 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased October 15, 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>0</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business Sears & Roebuck

12. Name Louis Stimack

13. Birthplace Unknown Austria Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Docko

15. Birthplace Unknown Austria Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Stimack

(b) Address 2357 Menard

17. (a) Burial (b) Date thereof 10/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wacker-Welderle
2331 S. Broadway
(b) Address 2331 S. Broadway

19. (a) _____ (b) J. F. [Signature]
(Date received local registrar) (Date)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2357 Menard
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25, year 1940 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from October 22, 1940, to October 25, 1940.
that I last saw him alive on October 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis meningitis

Due to Tuberculosis (Pulmonary)

Due to _____

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

Major findings: Of operations _____
Of autopsy Refused

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 Samuel Wacker (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 10/25/40

Duration 12m.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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..... *Frank J. Nyland*

Licensed Embalmer No..... *2645*

P. O. Address..... *St. Lawrence*

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

If this body is not embalmed, fact should be so stated above.