

JAN 23 1941

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2348

1. PLACE OF DEATH:

(a) County St. Louis Co

(b) City or town Rail 31st
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether _____)

In this community 20 Years
years, months or days

3. (a) PRINT FULL NAME Harry J. Stiebel

3. (b) If veteran, name war No

3. (c) Social Security No. NO

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

6. (b) Name of husband or wife Isabelle 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 10, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 11 1 _____ hr. _____ min.

9. Birthplace Pittsburg Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business _____

12. Name Eugene Stiebel

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

14. Maiden name Catherine Kurth
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Norma Cowan

(b) Address 3132 Maury

17. (a) Burial (b) Date thereof 12/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) DEC 13 1940 (b) W. H. Oelstedt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

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

(d) Street No. 3132 Maury
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1940 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov 18 1940
to death, 19____, to death, 19____;

that I last saw him alive on Dec 10, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration _____

Cerebral Thrombosis

Due to Diabetes Mellitus

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy yes

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? _____

707 (Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature W. H. Oelstedt (M. D. or other) _____

Address St. Louis Date signed 12/13/40

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

1-20

784 RECORDED DEC-26-1940

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..... *Ernest W. Spillers*

Licensed Embalmer No. *4080*

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, fact should be so stated above.