S. No. 2
—4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37

Registration District No. 1791 (FEB 25 1941)

Primary Registration District No. 1003

Registrar's No. 37

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: En route City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4762 Milentz Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Adam Stiern

3. (b) If veteran, name war World War

3. (c) Social Security No. 492-01-2843

4. Sex Male

5. Color or race White

6. (a) Single, widowed, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 28, 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	7	3	hr. min.

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

10. Usual occupation Checker clerk

11. Industry or business Railroad

FATHER
12. Name August Stiern
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Catherine Fueglien
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John Stiern
(b) Address 4762 Milentz Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/40 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co
(b) Address 2201 S. Grand Bl.

19. (a) 1-3-41 (Date received local registrar) (b) J. H. Biedek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1941 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock due to face hemorrhage, severed by left jugular vein. Suffered when car he was riding and driving driven by Frank Thomas Schaudenger struck a concrete divider at Melvin approach to the Chippewa underpass

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 3:00 Am Jan 1 1941

Of autopsy

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) Accident
(b) Date of occurrence Jan 1 1940
(c) Where did injury occur? St Louis (City or town) 000 (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No (e) Means of injury Auto

23. Signature Thomas J Callow (M. D. or other)
Address Deputy Coroner Date signed 1/3/41

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.