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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9417  
State File No. \_\_\_\_\_  
Registrar's No. 2827

Registration District No. 791

Primary Registration District No. 1003

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. 18 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town. St Louis 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 2740 Simple Ave  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27,  
year 1941 hour 2:35 minute P. M.  
21. I hereby certify that I attended the deceased from March  
10, 1941 to March 27, 1941  
that I last saw OR alive on March 27, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Probable Multiple Myeloma - 5  
leuko Generalized  
Primary with skull  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Marie Stovesand

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 25 - 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dittmer Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name John Stovesand

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

14. Maiden name Elvise Ulrich

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

16. (a) Informant Edna Stovesand

(b) Address Eden Hill Mrs

17. (a) Burial (b) Date thereof 3/29/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Martin's Cem Dittmer Mo

18. (a) Signature of funeral director J W Redek

(b) Address St Louis

19. (a) MAR 31 1941 (b) J W Redek  
(Date received local health officer) (Registrar's signature)

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 typical place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J W Redek (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date 3/27/41

(Licensed Embalmer's Statement on Reverse Side)

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

2827

2827

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**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.....  
*Edwin A. M. Perumth*

Licensed Embalmer No..... *302*

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.**