

2-40
7-39
2215

APR 9 1941
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 618

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Inxemburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4611 Oldenberg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Angelo D. Stuhlmaker

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

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

7. Birth date of deceased March 10 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 0 11 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles Stuhlmaker

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

14. Maiden name Mary Hartman
(City, town, or county) (State or foreign country)
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Stuhlmaker

(b) Address 4611 Oldenberg

17. (a) Removal (b) Date thereof 3/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summerfield, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAR 21 1941 (b) J. C. Meyer
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morris
(c) City or town Summerfield
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21
year 1941 hour 7 minute — A.M.

21. I hereby certify that I attended the deceased from March 19 1941 to March 21 1941
that I last saw him alive on March 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Rheumatic Heart Disease

Due to _____

Due to 95 B²

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

Major findings: Of operations _____

Of autopsy none

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) no

(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)
(c) Means of injury _____

23. Signature Joseph E. Carney (M. D. or other) MD
Address 1525 Travis Blvd Date signed 3-21-41
Carney

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

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 J. Ann Bankley
Licensed Embalmer No. 3653
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.