S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16742

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 4260

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Christian Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 days. (Specify whether years, months or days) In this community all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11 7

(d) Street No. 1915 E. Warne Ave. (If rural, give location) 6

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

3. (a) PRINT FULL NAME John Paul Stehlin

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ma gdalene

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

7. Birth date of deceased Feb. (Month) 12 (Day) 1866 (Year)

8. AGE: Years 75 Months 3 Days 8 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired Interior decorator

11. Industry or business

FATHER 12. Name Joseph Stehlin

13. Birthplace New Orleans (City, town, or county) La. (State or foreign country)

MOTHER 14. Maiden name Unkown

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

16. (a) Informant Frank Paul Stehlin

(b) Address 1915 E. Warne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address 2117 E. Grand Blvd

19. (a) MAY 21 1941 (Date received by registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1941 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from 3-25- 1941 to 5-20 1941 that I last saw him alive on 5-20-41 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Buergers Disease,	3 mon
Due to Thrombo Angeitis obliterans	x
Due to Cerebral Sclerosis	2 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no

Of autopsy no

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. Q. Mellies (M. D. ~~or other~~) M

Address 2739 N. Grand Date signed 1

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo Mellies,

Fr. 3826

Gr & St. Louis

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 A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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

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