No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26901

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6693

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

88 490-14-8440

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:
2245a Indiana Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2245a Indiana
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John W. Stamm

3. (b) If veteran, name war No!

3. (c) Social Security No. No!

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Clara Stamm

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov. (Month) 9 (Day) 1885 (Year)

8. AGE: Years 55 Months 9 Days 6 If less than one day — hr. — min.

9. Birthplace Greenville (City, town, or county) Penna. 1 (State or foreign country)

10. Usual occupation Retired shoeworker

11. Industry or business

FATHER
12. Name William Stamm
13. Birthplace (City, town, or county) Penna. 1 (State or foreign country)

MOTHER
14. Maiden name Clara Lohr
15. Birthplace (City, town, or county) Penna. 1 (State or foreign country)

16. (a) Informant Clara Stamm
(b) Address 2245a Indiana Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Wm Bros. L & U Co.
(b) Address 2929 S. Jefferson Ave

19. (a) AUG 16 1941 (Date received local registrar) (b) J. F. Fredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15, year 1941 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from July 5, 1941 to July 14, 1941 that I last saw him alive on July 14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None.

Of autopsy None.

Duration

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 L. O. Mulligan (M. D. or other)

Address 1515 Lafayette Avenue. Date signed 8/15/41

(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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 29298 Jefferson

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.