

Registration District No. 7

Primary Registration District No.

Registrar's No.

791

1003

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

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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 74 years (Specify whether years, months or days)

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. 4233 N. 21 St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1941 hour 12 minute 20 A.M.
21. I hereby certify that I attended the deceased from Aug 11, 1941, to Aug 17, 1941;
that I last saw her alive on Aug 14, 1941;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Johanna Stumpe

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

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

6. (b) Name of husband or wife Wm. Stumpe 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb. 7 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business Home

12. Name Frank Gruendel

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

14. Maiden name Wittholina Huch

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

16. (a) Informant Wm. Stumpe

(b) Address 4233 N. 21st. St.

17. (a) Burial (b) Date thereof 8/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th. St.

19. (a) AUG 16 1941 (b) J. F. Fredrick
(Date of death) (Registrar's signature)

Immediate cause of death Coronary Thrombosis Duration _____

Due to Arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy 4-1-41

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 type of place)
(e) Means of injury _____

23. Signature Lucy E. Hoefler (M. D. or other) _____

Address 2739 N. Grand Blvd Date signed 8/15/41

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.....

Alfred J. Baedeker

Licensed Embalmer No. *2663*

P. O. Address. *5934 Alpha Ave*

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.