S. No. 2
I—1-4-41
. 5-17-39
I X2635

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40045

State File No.

FILED JAN 24 1942

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 9757

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: 2001 S. Kingshighway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~Homer G Phillips Hosp~~ (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 3916a Louisianna
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William J. Sturm

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

3. (c) Social Security No. 498-07-0431

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Josephine Sturm

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February (Month) 17 (Day) 1885 (Year)

8. AGE: Years 56 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation Trucker

11. Industry or business Stove Mfg.

FATHER
12. Name Alvin Sturm
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Augusta Weiss
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Josephine Sturm
(b) Address 3916a Louisianna

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schumacher Ind Co.
(b) Address 3013 Meramec

19. (a) DEC 9 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8 year 1941 hour 2.00 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death ~~Coronary Occlusion (Schemes~~

Due to Chronic Myocarditis

Due to Adhesive Pericarditis

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.

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 Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 12/9/41

(Licensed Embalmer's Statement on Reverse Side)

Photo

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

George N.Archambault, Registered Apprentice No. XXXXXXXX

working under my personal supervision.

Signed George N Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.