

FILED FEB 24 1942
791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
St. Anthony's Hosp.
(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 80 Years.
years, months or days)

3. (a) PRINT FULL NAME Frank Stiens

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 Elizabeth Stiens 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 16, 1956
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 11 27 hr. _____ min.

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

10. Usual occupation Retired Cabinet Maker

11. Industry or business _____
MOTHER FATHER { 12. Name Anthony Stiens
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Baines
(b) Address 8757 Manchester Ave.

17. (a) Burial (b) Date thereof 1/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]
(b) Address 3117 E. Grand Blvd.

19. (a) JAN 15 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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. 3400 S. Grand Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 80 Years. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1942 hour 12 minute 35 A. M.

21. I hereby certify that I attended the deceased from Jan 7th
1942 to Jan 13th 1942
that I last saw him alive on Jan. 13th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 week

Due to Chronic Myocarditis 3 yrs

Due to _____

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?

While at work? _____ (Specify type of place) (e) Means of injury S

23. Signature [Signature] (M. D. or other) MD
Address 3548 S Grand Date signed 1/15/42

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

Dr. How C. Steinberg

Grand, Gravel

3548 S. 4th

Licensed 3637

2-4 P.M.

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.