

FILED MAY 13 1942

1003

Registration District No.

Primary Registration District No.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis Corne Pl. 17 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3040 Hawthorne Bll. 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John J. Stodieck
(b) If veteran, name war No (c) Social Security No. 492-09-702

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 30
year 1942 hour 5 minute 15 P. M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Stodieck 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Dec. 2, 1878
(Month) (Day) (Year)

Immediate cause of death Pulmonary Thrombosis
Pulmonary Infarction Fracture
left femur, which decelerated
blurred and fell backwards
Street of Russell and
Due to fall Blvd. April
10 1942 About 7:15 AM

8. AGE: Years Months Days If less than one day
63 4 28 hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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

10. Usual occupation Accountant

11. Industry or business Cigars

12. Name Wm. H. Stodieck

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

14. Maiden name Elizabeth Blatz

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

16. (a) Informant Mrs. Mary Stodieck

(b) Address 3040 Hawthorne

17. (a) Burial (b) Date thereof May 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) MAY 1 1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 000
(b) Date of occurrence Apr 19 1942
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature James J. Stodieck (M. D. or other)
Address _____ Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

SS

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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.....

Henry O. Stewart

Licensed Embalmer No..... 3722

P. O. Address..... 412 Duchouquette

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.