

FILED JUN 15 1942

Registration District No. 182

Primary Registration District No. 111

Registrar's No. 1246

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's 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 Mo. (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9

(d) Street No. 4131 Beethooven Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Oscar Stoffel

3. (b) If veteran, name war None 3. (c) Social Security No. 478-09-5589

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

6. (b) Name of husband or wife Alma Stoffel 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 27th 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>9</u>	hr. min.

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

10. Usual occupation Crater Shaw Marble Co.

11. Industry or business _____

12. Name Louis Stoffel

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

14. Maiden name Catherine Ackermann

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

16. (a) Informant Alma Stoffel

(b) Address 4131 Beethooven Ave.

17. (a) Burial (b) Date thereof 6-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) 6-7-42 (b) C. H. McQuinn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1942 hour 9:40 minute P.M. M

21. I hereby certify that I attended the deceased from May 21st
1942 to June 5 1942
that I last saw h. live alive on June 5 1942
and that death occurred on the day and hour stated above.

Immediate cause of death Heart Failure
Pulmonary edema

Due to _____

Due to _____

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

Major findings: Of operations Co. of Periton

Of autopsy _____

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) (d) Means of injury W.K. McIntire

23. Signature W.K. McIntire (M, D. or other) D

Address Ma. Harris Bldg. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

76
8
3

28

Dr. W.K. McIntyre
at front desk St. Mary's 10:15

JUN 29 1943

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 Edwin D. McHermatt

Licensed Embalmer No 3024

P. O. Address.....

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.