

FILED NOV 6 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9087**

2477

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:  
**Lutheran Altenheim 4**  
(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**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **8721 Halls Ferry (Luth. Altenheim)**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Stolte**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased **November 14 1859**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**82 11 14** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **William Stolte**

13. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Unknown**  
(City, town, or county) (State or foreign country)

15. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Kuhlman**

(b) Address **4128 W. Kosuth av**

17. (a) **Burial** (b) Date thereof **10-31 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Hill Cemetery**

18. (a) Signature of funeral director **Belleville Ill**  
(b) Address **Beiderwieden Funl Home 1936 St Louis Ave**

19. (a) **OCT 31 1942** **J. P. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28**  
year **1942** hour **8:45** minute **P** M.

21. I hereby certify that I attended the deceased from **Sept 1942**  
19... to **Oct 28 1942**  
that I last saw her alive on **Oct 27** 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Broncho-Pneumonia (Aspiration)**  
Due to..... **3 days**

Due to.....

Other conditions **Chronic Myocarditis & Scurvy** years  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

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?  
..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **Melvin Jess** (M. D. or other) **MD**

Address **3611 St. Louis Ave** Date signed **10-30-42**

**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.....

Licensed Embalmer No. 2737

P. O. Address. 1936 St. Louis, 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.**