

FILED DEC 11 1942

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9874**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3928 Louisiana Ave./
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
Life (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis,** **17**
(If outside city or town limits, write "RURAL.") **9/6**
(d) Street No..... **3928 Louisiana Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... **--** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Philip C. Stengel**

3. (b) If veteran, name war..... **No**
3. (c) Social Security No..... **None**

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

6. (b) Name of husband or wife..... **Olga Stengel**
6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased..... **February** **5** **1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 **9** **20** ..hr. ..min.

9. Birthplace..... **St. Louis, Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired**

11. Industry or business..... **--**

MOTHER FATHER

12. Name..... **Wm. Stengel**
13. Birthplace..... **Germany** **4**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Anna Sladtmueller**
15. Birthplace..... **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Olga Stengel**
(b) Address..... **3928 Louisiana Ave.**

17. (a) **Burial** (b) Date thereof..... **11 28 42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Hedden-Heldrich-Hend. Co.**
(b) Address..... **3634 Gravois Avenue**

19. (a) **NOV 2 1942** (b) **J. F. Brueck**
(Date issued local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **25**
year..... **1942** hour..... **5** minute..... **00** 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.

Immediate cause of death.....
Coronary Occlusion
Arterio Sclerosis

Due to.....
Due to..... **94**
Other conditions.....
(Include pregnancy within 3 months of death) **not**

Major findings:
Of operations.....
Of autopsy.....
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..... (a) Means of injury.....
23. Signature..... **W. H. Perry** (M. D. or other) **3**
Address..... **St. Louis, Mo.** Date signed **11/27/42**

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

955

P.

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 J. Hand

Licensed Embalmer No.

P. O. Address.....

*2646
N. Louis*

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.