

FILED JAN 19 1943
Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County
(b) City or town. St. Louis
(c) Name of place (If outside city or town limits, write "RURAL")
~~St. Louis~~ ~~St. Louis~~ ~~St. Louis~~
Catholic Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months, 7 Days.
(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 17
(d) Street No. 3515 Sidney St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Julia Stapf

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

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 17 1872 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Godfred Stapf
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Gartrude Miller
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant George A. Stapf
(b) Address 4042 Magnolia Pl.

17. (a) Burial, cremation, or removal Cremation (b) Date thereof 1/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Chas. J. Kron Funeral Home
(b) Address 4911 Washington Blvd

19. (a) 1 11 1943 (b) J. F. Break (c) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9 year 1943 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 3 1942 to Jan. 9 1943 that I last saw her alive on Jan. 9 1943 and that death occurred on the date and hour stated above.

Duration
Immediate cause of death. Myocarditis, Chronic
Due to Arterial Hypertension
Due to
Other conditions. (Include pregnancy within 3 months of death)
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?

23. Signature J. H. Herchevredin (M. D. number) Date signed 1/12/43
Address 5000 S. Broadway

SV81

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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 *Thomas J. Fenwick*
Licensed Embalmer No. *3793*
P.O. Address *St Louis, Mo*

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.