S. No. 2
M—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

88816

State File No.

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2197

1. PLACE OF DEATH:

(a) County .....

(b) City or town ST. LOUIS MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSPITAL 0 (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: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 911 (If outside city or town limits, write "RURAL")

(d) Street No. 4633 Kennerly ave (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ELLEN STAHMANN

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 / MARRIED

6. (b) Name of husband or wife WILLIAM STAHMANN 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 13 1871 (Month) (Day) (Year)

8. AGE: Years 71 | Months 10 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Muncie Indiana / (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name JOHN CURTS
13. Birthplace IND. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MALIND unknown
15. Birthplace IND. / (City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM STAHMANN

(b) Address 4633 Kennerly

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/9/43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY cem.

18. (a) Signature of funeral director SULLIVAN BRO'S

(b) Address 2849 N. EUCLID ave

19. (a) MAR 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6th year 1943 hour 4 minute 10A M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Interstitial Nephritis

Due to .....

Other conditions (Include pregnancy within 3 months of death) 131

Major findings:
Of operations .....
Of autopsy .....

Duration

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? ..... (e) Means of injury .....

23. Signature Alfred J. Perry (M.D. or other)

Address Deputy Coroner Date signed 3/8/43

(Licensed Embalmer's Statement on Reverse Side)

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. Albert Mayfield

Licensed Embalmer No. 3077

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.