337
Form No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12835

Registration District No. 818 | Primary Registration District No. 1003 | Registrar's No. 4269

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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED: 009 13 726

(a) State Missouri (b) County

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

(d) Street No. 1706 N. 11th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clara Stineck

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 2 Widow

6. (b) Name of husband or wife Fred Stineck

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

7. Birth date of deceased March 16, 1883 (Month) (Day) (Year)

8. AGE: Years 60 | Months ~~11~~ 7 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Florida 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant John W. Stineck
(b) Address 1706 N 11th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAY 7 1943 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7, year 1943 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from May 5, 1943 to May 7, 1943 that I last saw her alive on May 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of the left middle cerebral artery

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy refused

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 Ewald W. Busse (M.D. or other)
Address 1515 Lafayette Avenue, Date signed 6/7/43

(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 Wilford G. Burnley

Licensed Embalmer No. 4502

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.