

16792

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4688

FILED JUN 1944 318

Registration District No. Primary Registration District No. 1003

Registrar's No.

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:
3940 Ashland Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community Life
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. 3940 Ashland Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME William F. Stoehner

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 Caroline Stoehner

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 31, 1867.
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>77</u> | <u>1</u> | <u>18</u> | hr. min. |

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

10. Usual occupation Retired - Salesman

11. Industry or business Life Insurance Co.

MOTHER FATHER {

12. Name Herman Fred Stoehner

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

14. Maiden name Katherine Ahlmeier

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

16. (a) Informant Mrs. Caroline Stoehner

(b) Address 3940 Ashland Ave.

17. (a) Burial (b) Date thereof May 22, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (e) Signature of funeral director Calvin F. Feutz Funeral Home While at work? (Specify type of place)

(b) Address 4828 Natural Bridge Blvd. (e) Means of injury.....

19. (a) MAY 22 1944 (b) J. F. Bulech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1944 hour 2:50 minute P. M.

21. I hereby certify that I attended the deceased from Dec 19th
1944 to May 19th 1944
that I last saw him alive on May 19th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to thrombosis of cerebral vessels

Due to.....

Other conditions (include pregnancy within 3 months of death) 83

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?

23. Signature L. H. Thompson (M. D. or other)

Address 203 Beaumont Blvd. N.Y. Date signed 5/27/44

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

6. 2
2-43
7-39
X35697

2 PM

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 John A. Miller

Licensed Embalmer No. 4186

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.