

FILED JAN 11 1946  
Registration District No. 818

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. 14-116

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:  
CITY HOSPITAL  
(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:

(a) State MO. (b) County 0017  
(c) City or town ST. LOUIS 923  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1205A S. JEFFERSON AV.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1945 hour 4 minute 20 A.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 Sclerosis

Due to \_\_\_\_\_  
Arteriosclerosis

Due to \_\_\_\_\_  
94a

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury 3  
Signature Patrick E. Taylor  
Address 1300 Clark Date 12-21-45

3. (a) PRINT FULL NAME FREDERICKA STOPPELMANN

3. (b) If veteran, name war NO 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife HERMAN STOPPELMANN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased APRIL 10 1863  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN.

12. Name UNK SCHIERLOH

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

14. Maiden name UNK UNK

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

16. (a) Informant Frank Stoppelmann

(b) Address 1205A S. Jefferson Av

17. (a) BURIAL (b) Date thereof Dec 24-45  
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation NEW PICKERS CEM.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av

19. (a) DEC 27 1945 (b) J. F. Bruden  
(Date received local registration) (Registrar's signature)

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

91511

11119

**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.....

*Joseph B. Kollmer*

Licensed Embalmer No. *4014*

P. O. Address..... *St. 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.**