

FILED APR 5 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3005**

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp. 18 days
(Specify whether
In this community 66 years
years, months or days)

3. (a) PRINT FULL NAME Louise Stumpe

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred B. Stumpe 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Jan. 16th 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 2 11 hr. _____ min.

9. Birthplace Gasconade County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Ernst Mellies

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

14. Maiden name Minnie Aufderheide

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

16. (a) Informant Fred B. Stumpe

(b) Address 2025 Bissell Street

17. (a) Burial (b) Date thereof Mar. 30, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vallhalla Cemetery

18. (a) Signature of funeral director Que Ameyer & Sons

(b) Address 3934 N. 20th Street

19. (a) MAR 30 1946 J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 800
(c) City or town St. Louis 179
(If outside city or town limits, write "RURAL")
(d) Street No. 2025 Bissell Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 - day 27
year 1946 hour 6 minute 6:30 A.M.

21. I hereby certify that I attended the deceased from Jan 3rd 46
_____, 19____, to Mar 27, 1946
that I last saw he alive on 3-26-46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of Pancreas Duration 8 m.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy as above

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) (e) Means of injury _____

23. Signature J. F. Bredek (M. D. or other) _____

Address 2739 N. Grand Date signed 3-27-46

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

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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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.