

No. 2
M-5-43
5-17-39
I X366

FILED OCT 16 1946
318

Registration District No.

Primary Registration District No.

1003

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

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:
810 Russell
(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)

3. (a) PRINT FULL NAME Andrew J. Stahl ✓

3. (b) If veteran, name war. -- 3. (c) Social Security No. 488-18-6489

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased. April 3 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 1 If less than one day
hr. min.

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

10. Usual occupation Bar tender

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Mary Delker

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

16. (a) Informant Mary Stahl

(b) Address 810 Russell

17. (a) Burial (b) Date thereof 10/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director. Wacker-Waldhale
3634 Gravois Ave.

(b) Address.....
19. (a) OCT 7 1946 (b) [Signature]
(Date received local burial) (Registrar's signature)

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. 810 Russell
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) ✓
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1946 hour 11 minute 30P. M.

21. I hereby certify that I attended the deceased from 9-16-46
19..... to 10-4- 1946
that I last saw him alive on 10-4- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Embolicism
Due to.....

Other conditions Moderate Hemorrhage 9-16-46
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....
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 L. H. Murray (M. D. or other) ✓
Address 900 Russell Date signed 10-7-46

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 Robert Wheeler

Licensed Embalmer No. 2128

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.