

No. 2
2-45
17-39
X47070

FILED DEC 3 1946

Registration District No. **31**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 11-19-46
(Specify whether years, months or days)

In this community 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Afton
(If outside city or town limits, write "RURAL")

(d) Street No. 7732 Genesta
(If rural, give location)

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

3. (a) PRINT FULL NAME STORMAN, Victor (NMI)

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased October 4, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>1</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Dallas, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business _____

12. Name Jacob Storman

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

14. Maiden name Augusta Sittleburg

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

16. (a) Informant Registrar, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof Nov 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S Peters Cem

18. (a) Signature of funeral director John L Kiegenhein & Sons

(b) Address St. Louis, Missouri

19. (a) 11-26-46 (b) Victor Storman
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1946 hour 2:25 minute A M.

21. I hereby certify that I attended the deceased from November 19, 1946 to November 22, 1946
that I last saw him alive on November 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death MALIGNANT HYPERTONIA, PULMONARY EDEMA
Hepatomu UNK.

Due to _____
Due to _____

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

Major findings: Of operations No Operation

Of autopsy Autopsy performed (See cause of death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? L. E. Stilwell (Specify type of place) (Means of injury)

23. Signature L. E. STILWELL, M.D. (M. D. or other)

Address Vet. Adm. Hosp. Jeff. Eks., Mo. Date signed 11-22-46

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

Signed..... *Frank D. Owens*

Licensed Embalmer No. *2245*

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.