

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

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Registrar's No. **11140**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3928 Louisiana Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Annie Stengel

3. (b) If veteran, name war ---

3. (c) Social Security No. none

4. Sex female **5. Color or race** white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased June 30th, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	25	hr. min.

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

10. Usual occupation invalid - no occupation

11. Industry or business _____

12. Name William Stengel

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

14. Maiden name Unknown

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

16. (a) Informant Olga Stengel
(b) Address 3928 Louisiana, St. Louis, Mo

17. (a) burial **(b) Date thereof** Dec. 28, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hacker-Heldrich N. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) DEC 27 1946 **(b) J. F. Bredeck**
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16, 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3928 Louisiana Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1946 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 9 1946, to Dec 25 1946,
that I last saw her alive on Dec 26 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>arteriosclerosis</u>	<u>?</u>
<u>chronic myocarditis</u>	<u>?</u>
Due to _____	
Due to _____	
Other conditions _____ <small>(Include pregnancy within 3 months of death)</small>	
Major findings: Of operations _____	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy _____	

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 Frank J. Stamps, M.D. **(N. D. or other)** _____
Address 3928 Louisiana, St. Louis, Mo. Date signed 12/24/46

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.