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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

43009

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 10289

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:
Luthern Hospital O
(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 Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1617

(d) Street No. 3644 Connecticut
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Raymond B. Stotlemeyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Louise Stotlemeyer

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June (Month) 29 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	5	2	hr. min.

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

10. Usual occupation Painter

11. Industry or business

MOTHER FATHER

12. Name Stotlemeyer

13. Birthplace Don't Know (City, town, or county) (State or foreign country)

14. Maiden name Minerva Brosious

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

16. (a) Informant Louise Stotlemeyer

(b) Address 3644 Connecticut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefountaine Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 Sugrand Bl.

19. (a) DEC 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1 year 1946 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Nov. 20, 19, to Dec 1, 1946; that I last saw him alive on Dec 1, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia following

Due to Transurethral prostatectomy

Due to

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) (e) Means of injury

23. Signature R. Berg (M. D. ~~or other~~)

Address 553 Nebraska Date signed 12/2/46

(Licensed Embalmer's Statement on Reverse Side)

Embalmers separate cert filed DEC 2 1946

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 James R. Dunn, Registered Apprentice No. 403 working under my personal supervision.

Signed

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.