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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7002

FILED MAR 2 1947

Registration District No. 918 #68/65

Primary Registration District No. 1003

Registrar's No. 2115

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri.

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 Hours (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 26

(c) City or town: Saint Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 1600 North 9th Street 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: ANNIE STELZER

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female 1

5. Color or race: White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: XXXX Widowed 2

6. (b) Name of husband or wife: Late Andrew Stelzer

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

7. Birth date of deceased: September (Month) 30th (Day) 1868 (Year)

8. AGE: Years 78 Months 4 Days 28 If less than one day hr. min.

9. Birthplace: Baltimore, Maryland (City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: John Schneider
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mr. A. H. Stelzer (Son)

(b) Address: 1528 North 9th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 3rd 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Saint Peters Cemetery

18. (a) Signature of funeral director: Calvin F. Feutz

(b) Address: 4828 Natural Bridge Blvd.

19. (a) MAR 2 1947 (Date received local registrar) (b) J. L. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th year 1947 hour 4:40 minute A M.

21. I hereby certify that I attended the deceased from 2/26/47, 19, to 2/28/47, 19; that I last saw her alive on 2/28/47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Insufficiency	2 wks
Due to: Hypertension, Cardiovascular Disease	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)

While at work (e) Means of injury

23. Signature: Barney Smith M.D. 2/28/47 (Coroner)

Address: 4595 Lafayette Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Ralph C. Lindner.....

Licensed Embalmer No.....4275.....

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.