

FILED AUG 8 1947 318

State File No. _____

Registration District No. _____ Primary Registration District No. _____

Registrar's No. 7152

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:
4123a DeTonty
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4123a DeTonty
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME OSCAR STOETZER
 3. (b) If veteran, name war No 3. (c) Social Security No. none
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sophie 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 11-1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 29th
 year 1947 hour 9 minute 25 P.M.
 21. I hereby certify that I attended the deceased from December 1945 to July 29, 1947
 that I last saw him alive on July 29, 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 6 18 hr. _____ min.

Immediate cause of death: Chronic myocarditis Duration 12/45 +
 Due to Generalized arteriosclerosis 12/45 +
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) P. 3
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired
 11. Industry or business _____
 12. Name Charles Stoetzer
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Keating
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Sophie Stoetzer
 (b) Address 4123a DeTonty
 17. (a) Burial (b) Date thereof Aug. 1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Our Redeemer
 18. (a) Signature of funeral director City Funeral Home
 (b) Address 3029 Lafayette Ave.
 19. (a) AUG 1 1947 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

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)
 (c) Means of injury _____
 23. Signature Demmond T. How (M. D. or other) M.D.
 Address 4755 Wagon Wheel Road, St. Louis, Mo. Date signed 7/31/47

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

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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 *David Van Gossau*.....

Licensed Embalmer No. 4242.....

P. O. Address. 3029 Lafayette Ave......

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.