S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43523

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11438

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: Faith Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1624a N. 17th. St. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Miss Regina Stohlmann
3. (b) If veteran, name war none
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 29th. 1902 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	5	13	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Cover worker
11. Industry or business United wood heel Co.

FATHER
12. Name Ernest Stohlmann
13. Birthplace Germany (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Catherine Hackenwerth
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Hagedorn
(b) Address 1624a N. 17th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-47. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Hy. Leidner U Co.
(b) Address 2223 St. Louis Ave.
19. (a) DEC 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th. year 1947. hour 10:40 minute PM M.
21. I hereby certify that I attended the deceased from 1941, 19..., to Dec. 12, 1947 19...; that I last saw h... alive on Dec. 12, 1947, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Kidney Infarction	indeterminate
Hypertension	since 1941
Due to xxx Hypostatic pneumonia	terminal
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy same as above

PHYSICIAN
Underline the cause of 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 John S. Young (M. D. or other) M.D.
Address 1126 St. Louis Ave. Date signed 12-15-47

Jefferson City Printing Co.

(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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis 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.