No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15057
Registrar's No. 1098

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Torrence Home 128 E. Etta
(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 Mo. (b) County 96
(c) City or town Lemay 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Torrence Home 128 E. Etta Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME EMILIE STOSBERG
3. (b) If veteran, name war None
3. (c) Social Security No.
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 Dec. (Month) 17 (Day) 1859 (Year)

8. AGE: Years 88 Months 4 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace St Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business .....
FATHER
12. Name Goettleib Stosberg
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Wilhelmenia Falkenrath
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs. Estella Lorenz
(b) Address 3136a California Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 4-30-48 (Date received local registrar) (b) Cecil A. Sharpson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1948 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 22 Oct 1947 to 29 April 1948 that I last saw her alive on 28 April 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia hypostatic bilateral	4 days
Due to: Arteriosclerotic valvular heart disease	1 year +
Other conditions (Include pregnancy within 3 months of death) 92a	

Major findings:
Of operations .....
Of autopsy .....

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 William F. McNamee (M.D. or other) MD
Address 3615 S Grand Date signed 4/30/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3615 So. Grand

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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address .....

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.