

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

47
39
908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

18863
State File No. 4390
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Alexian Brothers Hospital
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town St. Louis 17
(d) Street No. 3933 S. Broadway (If outside city or town limits, write "RURAL") 9
24 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT Brother Alphonse Stoerkel
FULL NAME
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased About 1880 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May th 9th
1948 year 5 hour 15 minute PM.
21. I hereby certify that I attended the deceased from March 28 1947 to 5/13/48
that I last saw him alive on 5/13/48
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
About 68 hr. min.
9. Birthplace Dont Know (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

Immediate cause of death
Chr myocarditis
arteriosclerosis
Due to
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.

MOTHER FATHER
16. (a) Informant Brother Martin
(b) Address 3933 S. Broadway
17. (a) Burial (b) Date thereof 5/12/48
(c) Place: burial or cremation Oklahoma City
18. (a) Signature of funeral director John H. Gilbert Sons
(b) Address 2630 Gravois
19. (a) (Date received local registrar's) (b) J. F. Bradack (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) Means of injury
23. Signature L. Hay (M. D. or other)
Address 5899 Delmon Date signed

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

Van Sigmone

Licensed Embalmer No.

4343

P. O. Address

4104 Manchester

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.