No. 300
-10-47
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PI 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 18

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28239

Primary Registration District No. 1003

Registrar's No. 7651

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: 3107 Meramec St., (Rear) / (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)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri, (b) County 100

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

(d) Street No. 3107 Meramec St., (Rear). (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Julia Ann Stehlin,

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 Married,

6. (b) Name of husband or wife Robert L. Stehlin,

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January (Month) 25, (Day) 1901 (Year)

8. AGE: Years 47 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Austria, (City, town, or county) Germany, 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name Martin Kuchenig,

13. Birthplace (City, town, or county) Germany, 4 (State or foreign country)

MOTHER

14. Maiden name Don't Know

15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Robert L. Stehlin,

(b) Address 3107 Meramec St. (Rear)

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 9/1/48 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 3842 Meramec St.,

19. (a) AUG 31 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th year 1948 hour 9: minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-19-43 to 8/30- 1948 that I last saw him alive on 8-30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

Duration

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 (a) Means of injury

23. Signature (M. D. or other)

Address 4065 S. Grand Date signed 8/31/48

Joseph L. Ferris

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, 18, 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.