

No. 300
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28241**

FILED SEP 13 1948
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7525**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2201 Arsenal St.
(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 Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2201 Arsenal St. (If rural, give location) 9
24 (e) Citizen of foreign country? No (Yes or No) 0
If yes, name country 1

3. (a) PRINT FULL NAME Anna Marie Stemmler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Christian A. 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 23, 1867
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>81</u>	<u>2</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name William Stemmler

13. Birthplace Hanover Germany (State or foreign country) 4

14. Maiden name Gertrude Kettler

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

16. (a) Informant Henry Stemmler
(b) Address 2201 Arsenal St.

17. (a) Burial (b) Date thereof 8/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director Jahn H. Gebken Sons Und. Co.
(b) Address 2630 Gravois Ave.

19. (a) AUG 27 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
1948 year hour 3.15 minute P M.

21. I hereby certify that I attended the deceased from December 1927 to 25 Aug 1948
that I last saw him alive on 25 August 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to Arteriosclerotic heart disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Raymond T. Hart (M. D. or other) M.D.

Address 5203 Clinch Date signed 8-27-48

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 Herman A. Gebken

Licensed Embalmer No. ~~2144~~ 2120

P. O. Address 2630 Gravois 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.