No. 2
-1/47
-17-39

6

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. 28532

FILED SEP 7 1948

Registration District No. 517 Primary Registration District No. 6576 Registrar's No. 1022

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town LEMAY MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 357 TACOMA DR. 1 (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 ST LOUIS 96

(c) City or town LEMAY 0 (If outside city or town limits, write "RURAL")

(d) Street No. 357 TACOMA DR. 0 (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME MARTIN J STUBENRAUCH

3. (b) If veteran, name war .....

3. (c) Social Security No. 489-18-9893

4. Sex MALE (1)

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ADLINE STUBENRAUCH

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased FEB (Month) 15 (Day) 1865 (Year)

8. AGE: Years 83 Months 5 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation WATCH MAN - RETIRED

11. Industry or business ANHEUSER-BUSCH-BREWERY

FATHER
12. Name ADOLPH STUBENRAUCH
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA M. STUBENRAUCH
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant MRS ADLINE STUBENRAUCH

(b) Address 357 TACOMA DR LEMAY MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 10 - 1948 (Month) (Day) (Year)

(c) Place: burial or cremation ZION CEMETERY

18. (a) Signature of funeral director Wm J. Robert L. & U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) 8-12-48 (Date received local registrar) (b) Cecil R. Sharp MD MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 8 year 1948 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from 6 JAN 1948, to 7 AUG 1948 that I last saw him alive on 7 AUG 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage -	3 days
Myocarditis Chronic c̄ degeneration	?
Due to Arteriosclerosis - Generalized	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
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 George A. Gunnemann (M. D. or other) MD

Address 5439 Gravois Ave Date signed 9 Aug 48

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.....J. Allen Davis.....

Licensed Embalmer No.....4053.....

P. O. Address.....St Louis 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.