

3-300
10-47
17-39
I 3908

Registration District No. **318**

Primary Registration District No. **1003**

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:
3664 Hartford
(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)

3. (a) PRINT FULL NAME Wilhelmina I. Stiften

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

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

6. (b) Name of husband or wife Deceased | 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 22, 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 5 | If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Neiser
13. Birthplace St. Louis, Missouri
14. Maiden name Louise Schuermann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Buetler
(b) Address 3664 Hartford

17. (a) Burial (b) Date thereof Oct. 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sts. Peter and Paul
Bromschwig and Son Funeral Home

(a) Signature of funeral director _____
(b) Address 4746 W. Florissant Ave.

19. (a) OCT 29 1948 J. B. Lassiter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3664 Hartford
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1948 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 1946 to Oct. 27, 1948,
that I last saw him alive on Oct. 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 weeks
Due to Hypertensive heart disease 2 yrs

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 93
Of autopsy _____
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) (e) Means of injury _____
While at work? _____

23. Signature E. R. Sheridan (M. D. or other) _____
Address 2602 So. Grand Blvd Date signed 10-28-48

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 W. W. Wilkinson

Licensed Embalmer No. 3575

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.