

No. 304
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35218

Registration District No. 3177

Primary Registration District No. 6076

Registrar's No. 2302

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

1. PLACE OF DEATH

(a) County St. Louis

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

(c) Name of hospital or institution: Pine Crest Home # 2 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Dec. 15-1948 (Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. Pine Crest Home
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME FRANK STEMLEY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

20. DATE OF DEATH: Month October day 13 year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 1 1946 to Oct 13 1948 that I last saw him alive on Oct 11 1948 and that death occurred on the date and hour stated above.

4. Sex M. Color or race W.

5. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased July 16 1878
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis & Cerebral hemorrhage Duration _____

Due to _____

Due to _____

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

8. AGE: Years 68 Months 2 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Charles Stemley

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

14. Maiden name Wukusun

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Stemley

(b) Address 8730 Florence Brentwood, Mo

17. (a) Burial (b) Date thereof 10-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. Kerkwood

18. (a) Signature of funeral director Walter Pfeiffer

(b) Address Kerkwood, Mo

19. (a) 10-15-48 (b) Carl E. Sharp
(Date received local registrar) (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) (c) Means of injury _____

23. Signature G. F. Merklin (M. D. or other) _____
Address 3505 Doloma Date signed 10-14-48

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 Johu M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood

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.

84 11-07