

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22026**
5339
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE IL COUNTY MADISON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, Mo		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glen Carbon 8130		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION St ANTHONY Hosp							
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) (None)		c. (Last) Stemer		4. DATE OF DEATH (Month) (Day) (Year) JUNE 13 1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 22 1891		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal		11. BIRTH PLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Stemer		13b. MOTHER'S MAIDEN NAME KATHERINE KOTVA		14. NAME OF HUSBAND OR WIFE MARY Dupre Stemer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME Mary Dupre Stemer ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE				INTERVAL BETWEEN ONSET AND DEATH 6 WEEKS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE				Indeterminate	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR HH3X			
22. I hereby certify that I attended the deceased from <u>JUNE 10, 1950</u> , to <u>JUNE 13, 1950</u> , that I last saw the deceased alive on <u>12 JUNE, 1950</u> , and that death occurred at <u>1:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Robert Swann (Degree or title) M.D.				23b. ADDRESS 818 OLIVE ST. ST LOUIS, MO		23c. DATE SIGNED 13 JUNE 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5/13/50		24c. NAME OF CEMETERY OR CREMATORY Edwardsville, Ill		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. JUN 19 1950		REGISTRAR'S SIGNATURE J. B. Bassett		25. FUNERAL DIRECTOR'S SIGNATURE Rauland ADDRESS 4104 Manchester			

(Licensed Embalmer's Statement on Reverse Side)

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

5389

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 3114

P. O. Address St Louis 10 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.