

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21095

State File No.

20
5

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6058 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. CHARLES</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS, MISSOURI, 2069</u>	
c. LENGTH OF STAY (in this place) <u>11 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4951 COTE BRILLIANTE AVE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>EVANGELICAL EMMAUS HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) MARIAN b. (Middle) - c. (Last) STENBERG 4. DATE OF DEATH (Month) (Day) (Year) JUNE 21, 1951

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH APRIL 20, 1928 9. AGE (In years last birthday) 23 10. Months 12 11. Days 12 12. IF UNDER 24 HRS. Hours Min. 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13a. FATHER'S NAME GUSTAF STENBERG 13b. MOTHER'S MAIDEN NAME ERMA C. DEUTSCHMANN 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theophile Stoenen, ST. CHARLES, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Generalized Spontaneous Paralysis 2340
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Spontaneous Paralysis 2340
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Microcephalic infarct 2340
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 NO 7531

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 1st, 1951, to June 6, 1951, that I last saw the deceased alive on May 31, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Erich Schulz M.D. 23b. ADDRESS St. Charles Mo. 23c. DATE SIGNED 6/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 2 1951 24c. NAME OF CEMETERY OR CREMATORY Emmaus Cemetery 24d. LOCATION (City, town, or county) (State) St Charles Mo.

DATE REC'D BY LOCAL REG. 6-5-51 REGISTRAR'S SIGNATURE Paul A. Schuler 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul A. Schuler, Mo.

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

RECEIVED
JUN 16 1951

JUN 20 1951

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed *Arthur C. Bane* _____

Licensed Embalmer No. *2151* _____

P. O. Address *St Charles 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.