

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 - 1955

State File No. **31540**
8635

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 1 hour	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		STREET ADDRESS (If rural, give location) 10 3644 Natural Bridge Ave 21010	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) Bertha	b. (Middle) M	c. (Last) Stoepplmann	(Month) (Day) (Year) Sept 30 1955	

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 6, 1874	9. AGE (In years last birthday) 81	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) At Home		10b. KIND OF BUSINESS OR INDUSTRY Homemaker		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
---	--	---	--	--	--	---	--

13a. FATHER'S NAME Henry Brinkmeyer		13b. MOTHER'S MAIDEN NAME Minnie Fornfelt		14. NAME OF HUSBAND OR WIFE Adolph Stoepplmann (Deceased)	
---	--	---	--	---	--

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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola Oberjuege, 10044 Denness Dr.		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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a)	Rupture of aneurism of the abdominal aorta, found at Post mortem					
ANTECEDENT CAUSES	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b)						
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 451X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?	
---	--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from **Sept 30, 1955**, to **Sept 30, 1955**, that I last saw the deceased alive on **Sept 30, 1955**, and that death occurred at **3:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) HA Uhlsmeyer MD		23b. ADDRESS 3901 W Florissant		23c. DATE SIGNED 10/1/55	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct 4 1955	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
---	--------------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. OCT 3 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair Av		ADDRESS	
---	--	--	--	--	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Clement McGeary*

Licensed Embalmer No. *373*

P. O. Address *H. L. L...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.