

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19336

FILED MAY 31 1957

STATE FILE NUMBER

4648

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4648

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>38 Pronounced Dead at City Hospital</b>				Length of stay in lb <b>15</b>		d. STREET ADDRESS (If outside, give location) <b>2854 Meramec St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Francis</b> Middle <b>Herbert</b> Last <b>Stirnman</b>			4. DATE OF DEATH Month <b>May</b> Day <b>14</b> Year <b>1957</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>January 19, 1891</b>		9. AGE (In years last birthday) <b>66</b> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 4 Yrs.</b>		11. BIRTHPLACE (City and state or country) <b>Rileys Lake, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Francis L. Stirnman</b>				14. MOTHER'S MAIDEN NAME <b>Mary A. Wheeler</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-03-0684</b>		17. INFORMANT Address <b>Fern P. Stirnman 2854 Meramec St. (Wife)</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Subdural Hematoma</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ <b>E904.0.21</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Suffered in fall in home on</b>				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. <b>4 23 57 a.m.</b> Month, Day, Year <b>April 23 1957</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, factory, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo</b>		COUNTRY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>940 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>James M. Kelly Deputy</b>				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>5-16-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>May 17, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cemetery,</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		
24. FUNERAL DIRECTOR <b>Gebken-Benz Mortuary Inc.</b> <b>2842 Meramec St. St. Louis 18 Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>MAY 16 57</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b> <b>S.P.</b>		

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc., must use only standard nomenclature if main cause. No symptoms with be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

