

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

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

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44866  
11177  
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Kingsway Hotel - 108 N. Kingshighway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 108 N. Kingshighway Blvd.  
12 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Celia M. Stuever  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 25th.,  
year 1948 hour 1 minute 52 P. M.  
21. I hereby certify that I attended the deceased from Nov. 29, 1948, to Dec. 25, 1948.  
that I last saw her alive on Dec. 25, 1948,  
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. U  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased June 16, 1863  
(Month) (Day) (Year)

Immediate cause of death Virus pneumonia Duration 6 days  
Due to \_\_\_\_\_  
Due to 109 \_\_\_\_\_  
Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
85 6 19 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
12. Name Francis Stuever  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Lake  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Harry Cornet  
(b) Address 4550 Pershing Ave.  
17. (a) Burial (b) Date thereof 12-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Arthur J. Kennell  
(b) Address 3840 Lindell Blvd. 0  
19. (a) DEC 27 (b) J. B. Fraster  
(Date received locally) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature J. F. Bergman (M. D. or other) MD  
Address 322 Washington Date signed 12/27/48

3720 Washington Blvd. Je. 6204

832-930

APR 18 1948

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... *W H Van Matre* ..  
Licensed Embalmer No. *2825* ..  
P. O. Address. *4340 Lafayette* ..

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.