

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14525

1. PLACE OF DEATH

County St. Charles
Township _____
City St. Charles (No. _____)

Registration District No. 757
Primary Registration District No. 3036

File No. _____
Registered No. 58
St. _____ Ward _____

2. FULL NAME

Alice Berdell Stenger

(a) Residence No. 1607 21st & _____ St. 4 Ward _____

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 15th 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

St. Charles

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Mary Ann Stenger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Portage, Des Moines

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Margaret Coyt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Portage, Des Moines

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

Leo Stenger

(Address)

St. Charles Mo.

15.

FILED

4/27 1928

H. G. Bloebaum

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

April 17 1928

17.

I HEREBY CERTIFY, That I attended deceased from April 15 _____, 1928, to April 17 _____, 1928.

that I last saw him alive on April 17 _____, 1928, and that death occurred, on the date stated above, at 4:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) Robert Gardner _____ M. D.

April 16, 1928 (Address) 2001 1/2 St. Charles Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Francis Cemetery Portage Des Moines

April 18 1928

20. UNDERTAKER

ADDRESS

Chas. C. Lohmeyer & Sons Co. St. Charles Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

