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

Do not use this space.

31508

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No.
Township St Ferdinand — Primary Registration District No. 6030 — Registered No.
City — (No. RR #36 Florissant St Louis Co Mo St. Ward)

2. FULL NAME Charlotte Stoerner
(a) Residence. No. RR #36 Florissant St Louis Co Mo 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Henry Stoerner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22 – 1846

7. AGE: Years 82 — Months 6 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home 131
(b) General nature of industry, business, or establishment in which employed (or employer) 97
(c) Name of employer 957

9. BIRTHPLACE (CITY OR TOWN) Westvalen Prussin
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Fred Bentfeldt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Westvalin
(STATE OR COUNTRY) Prussin Germany
12. MAIDEN NAME OF MOTHER Dorothy Bestman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) not known

14. INFORMANT Elizabeth Stoerner
(Address) RR #36 St Louis Co Mo

15. FILED 9-19, 1928 O Schaefer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 – 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-17-28, 19.., to 9-24, 1928, that I last saw her alive on 9-23, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
Arteriosclerosis c̄
Hypertension
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Auricular Fibrillation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M.D.
9-19, 1928 (Address) 10 Washington St. 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: St Johns Cemetery St Charles Mo. — DATE OF BURIAL: 9-26 1928

20. UNDERTAKER: Steinbrinker Furn Co — ADDRESS: 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.

MANGUS RESERVED FOR BINDING

NOV 1

J. S. Reg. 2.

F O Taylor