

REC'D APR 8 1938

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

12134
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis,
(b) Township Bonhomme
(c) City Lake, Mo.
(e) Length of residence in city or town where death occurred 70 yrs. mos. ds.

Registration District No. 784
Primary Registration District No. 200
(d) Street No. Lake, Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. #422 St.
How long in U. S., if of foreign birth 70 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Chesterfield, Mo. R. #2 St.
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Seme Eisenhardt Stemme

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 - 1857

7. AGE YEARS 80 MONTHS 4 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) Sept 1937 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Frederick Stemme

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Charles H. Stemme (ADDRESS) Chesterfield, Mo. R. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John Cemetery Bellefontaine, Mo. Mar. 9 - 1938

19. FUNERAL DIRECTOR (ADDRESS) Schradler Funeral Home Baldwin, Mo.

20. FILED 3-7 1938 T. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 - 1938 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 6 1938 to Mar 6 1938.
Last saw him alive on March 6 1938 Death is said to have occurred on the date stated above, at 3:0 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) R. B. Henry M. D.
Wm C. Bear M.D.

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.

I X12004

BC

STATEMENT BY LICENSED EMBALMER

I, Harry Schrader, Licensed Embalmer No. 2091

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harry Schrader

L. E.

No. 2091 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Harry Schrader
Licensed Embalmer No. 2091

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.)