ISOLATION HOSPIT
REC'D MAY 10 1938

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

12704
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 3308
(c) City ST. LOUIS MO. (d) Street No. ISOLATION HOSP. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRED. STOEHNER. 356
(a) Residence, No. 2210 HEBERT St. 20
(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 (write the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 23 1873
7. AGE: YEARS 64 ~~76~~ MONTHS 4 ~~5~~ DAYS 13 If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI.
13. NAME FRED. STOEHNER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.
15. MAIDEN NAME ? Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Unknown
17. INFORMANT (ADDRESS) STELLA GRADY. 2210 Isolation Hosp.
18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer DATE April 9 1938
19. FUNERAL DIRECTOR (ADDRESS) Biedermeier funeral Home 1936 St Louis Ave
20. FILED APR 8 1938 J. V. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 6 - 1938
22. I HEREBY CERTIFY, That I attended deceased from 3 - 27 - 1938, to 4 - 6 - 1938
I last saw him alive on 4 - 6 - 1938. Death is said to have occurred on the date stated above, at 12 05 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Hypertrophy of Prostate
Date of onset
Other contributory causes of importance 93C
Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no
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) Henry P. Ulrich, M. D.
(Address) 5600 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

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.
50M-7-20-37 I X12004

**STATEMENT BY LICENSED EMBALMER**

I, Felix J. Krispin, Licensed Embalmer No. 3497

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

**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.)**