

REC'D JAN 11 1939

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

41181  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1008  
(b) Township ..... Primary Registration District No. .... Registered No. 10873  
(c) City St. Louis (d) Street No. St. Anthonys Hospital 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 Louise Stockglausner

(a) Residence, No. 4452 a Virginia Ave. St. 15  
(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 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 Louis Stockglausner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1862

7. AGE YEARS 76 MONTHS 5 DAYS 26 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work  
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) Edwardsville (STATE OR COUNTRY) Ill.

FATHER 13. NAME Charles Kienlen  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth Doenges  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Louis W. Stockglausner (ADDRESS) 4452 a Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Dec. 20 1938

19. FUNERAL DIRECTOR (NAME) Wm. Schumacher (ADDRESS) 3013 Meramec St.

20. FILED DEC 19 1938 J. B. Budack Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....  
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 6:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Fracture right hip suffered when she fell on the concrete paved sidewalk in front of 4452 Virginia Ave. on Dec. 15/1938. Time Date of onset

Other contributory causes of importance: unknown

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide..... Date of injury Dec 15, 1938  
Where did injury occur? at home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury see above  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify..... (Signed) Alfred G. Perry  
(Address) Deputy Coroner

WHILE LIVING WITH ONWARDING INVA... 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.

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**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, .....

*George P. Prehmanboyl*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *George P. Prehmanboyl*

Licensed Embalmer No. *2906*

P. O. Address .....

**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, above space should be left blank.**