JUL 30 1939

REC'D AUG 7 1939

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

Do not use this space. 6

File No. 26850

Registered No. 360

1. PLACE OF DEATH

County St. Louis — Registration District No. 784

Township Richmond Hgts — Primary Registration District No. 111

City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Sister Mary Albert Stemmler

(a) Residence, No. 236 St., Ward. O'Fallon, Missouri.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10, 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	23	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Teacher

9. Industry or business in which work was done, as silk mill, 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) St. Louis, Missouri

FATHER

13. NAME Albert Stemmler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER

15. MAIDEN NAME Agnes Moellman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Albert Stemmler

18. BURIAL, CREMATION, OR REMOVAL
PLACE O'Fallon Mo. DATE 8/1/39 19

19. UNDERTAKER (ADDRESS) Albert H. Hoppe, 4700 Washington Blvd.,

20. FILED JUL 30 1939 R. Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to July 29, 1939

I last saw her alive on July 29, 1939. Death is said to have occurred on the date stated above, at 3:30 P.m.

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

	Date of onset
Cerebral Embolus	acute
Bacterial Endocarditis	6 mo
Bacteremia - Strep. Viridans	6 mo

Other contributory causes of importance: Toxic Nephritis 9/a | 3 mo

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, 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? no

If so, specify.

(Signed) L. H. Stevens, M. D.

(Address) 8200 Gravois

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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