

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.

MISSOURI STATE BOARD OF HEALTH

SEP 14 1939 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27290
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS CITY / Registration District No. **791**
(b) Township ST. LOUIS / Primary Registration District No. **1003**
(c) City ST. LOUIS (d) Street No. Firmin Desloge Hospital Registered No. **6790**
(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 WALTER STINEBROOK

(a) Residence, No. 5523 JANUARY AVE St. 2
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26 1885

7. AGE YEARS 53 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrical Maintenance Man
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) July 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Evansville, Ind. (STATE OR COUNTRY)

13. NAME Clark Stinebrook

14. BIRTHPLACE (CITY OR TOWN) Evansville, Indiana (STATE OR COUNTRY)

15. MAIDEN NAME Catherine Staub

16. BIRTHPLACE (CITY OR TOWN) Evansville, Ind. (STATE OR COUNTRY)

17. INFORMANT Mrs Walter Stinebrook (ADDRESS) 5523 January

18. BURIAL, CREMATION, OR REMOVAL PLACE Pollard Ark. DATE August 6 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc. (ADDRESS) 4700 Washington Blvd.

20. FILED AUG 3 1939 J. B. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3 1939

22. I HEREBY CERTIFY That I attended deceased from July 15 1939 to August 3 1939
I last saw him alive on August 3 1939. Death is said to have occurred on the date stated above, at 9:10 A.M.
The principal cause of death and related causes of importance were as follows:

Generalized sarcomatosis
Primary site unknown
Date of onset Uncertain

Other contributory causes of importance:

Name of operation Biopsy mass on abdominal wall Date of July 22 1939
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no
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) Henry E. Oppenheimer M. D.
(Address) 81315 151 Grand Blvd.

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Albert W. Wagner*

Licensed Embalmer No. *1861*

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.