

SEP 14 1939

791
1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3664 Lierman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community Entire Life
years, months or days

3. (a) PRINT FULL NAME Mrs Frances Stoffer 311s

8. (b) If veteran, name war Mil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Leo 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 29
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>9</u>	<u>13</u>	hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Nichlos Ernst

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs A F. Letter

(b) Address 3664 Lierman

17. (a) Burial (b) Date thereof 8/14/ 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St Marcus

18. (a) Signature of funeral director Cesar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) AUG 13 1939 (b) J. P. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 3664 Lierman
(If rural, give location)
70 Years years.
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1939 hour 4 minute 30 a. M.

21. I hereby certify that I attended the deceased from May, 1939, to Aug 12, 1939;
that I last saw he alive on 8-12, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of colon
Due to _____

Other conditions senility
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Victor E. Scherman (M. D. or other)
Address 508 No. Grand Ave Date signed 8-12-39

Duration

1 year

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 6-17-39

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.

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3028 Russell Pl.

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.