

NOV 13 1939 91

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **8876**

1. PLACE OF DEATH:

(a) County 2  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1145 Bellerive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Hillie Stumborg 351

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Wm Stumborg 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 9-27-1870  
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Siebke

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

14. Maiden name house (unknow)

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

16. (a) Informant's own signature Mr. Herbert Celler

(b) Address 1145 Bellerive

17. (a) Burial (b) Date thereof 10-20-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Southern Life Co partner

(b) Address 6322 S. Grand Blvd.

19. (a) OCT 18 1939 (b) \_\_\_\_\_  
(Date received local registration) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1145 Bellerive  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 1939 hour 10:40 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 27, 1939, to Oct 17, 1939; that I last saw her alive on Oct 17, 1939; and that death occurred on the date and hour stated above,

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Hypertension

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature J. B. [unclear] (M. D. or other) \_\_\_\_\_

Address 1426 S. Grand Date signed Oct 18 1939

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

NOV-2-1939 I X1931

Dr. DePew  
1446 S. Grand  
4-8

**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, by

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

Signed Virgil L. Berryman  
Licensed Embalmer No. 4078  
P. O. Address St. Louis Mo.

**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.**