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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42164
1128?

Registration District No. 791 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4425 Tholozan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4425 Tholozan
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EMELIA STEDINGK 325

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Stedingk

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 15, 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	-	15	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charles Schrieber
13. Birthplace Germany Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Theresa Schneiderwind
15. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arnold Stedingk
(b) Address 4425 Tholozan

17. (a) Burial (b) Date thereof January 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director Beiderwieden Fun. Home Inc.
(b) Address 1936 St. Louis Ave. 8411

19. (a) DEC 31 1939 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1939 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 2, 1939, to Dec 30, 1939
that I last saw her alive on Dec 29th, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	1 hr
Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No Operation
Of autopsy No 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?
(Specify type of place)
While at work? — (e) Means of injury

23. Signature C. G. Wyngh (M. D. or other)
Address 22785 Jefferson Date signed 1-1-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3737

P. O. Address 936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.