

Registration District No. \_\_\_\_\_  
791Primary Registration District No. \_\_\_\_\_  
1003Registrar's No. \_\_\_\_\_  
1929

## 1. PLACE OF DEATH:

- (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:  
Park Lane Hospital  
 (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 <sup>35</sup> FULL NAME Mrs. Janet Stengel

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Christ A. Stengel 6. (c) Age of husband or wife if alive 67 years7. Birth date of deceased February 28, 1876  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
63 11 26 hr. \_\_\_\_\_ min.9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife 9

## 11. Industry or business

MOTHER FATHER  
 { 12. Name Frank Huth 6  
 { 13. Birthplace Unknown  
 { 14. Maiden name Mary Greiving  
 { 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chris Stengel(b) Address 3431 Abner Pl17. (a) Burial (b) Date thereof 2-28-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lake Charles Burial Pk.18. (a) Signature of funeral director Truth Center Mortuary(b) Address 4024 Lindell Blvd.19. (a) FEB 28 1940 (b) J. F. Budich  
(Date received local registrar) (Registrar's Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3431 Abner Place  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 24th  
year 1940 hour 6 p.m. minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from  
Jan 11, 1940 to Jan 24, 1940  
that I last saw him alive on Jan 24, 1940  
and that death occurred on the date and hour stated above.

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

Intestinal Obstruction  
 Due to P.O. Abner  
 Due to Chronic Renal Disease

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

Major findings: Cerebral Protoph  
 Of operations Chronic Nephritis  
 Of autopsy Asphyxiation

## 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?

While at work \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_  
 23. Signature Thomas J. Smiley M.D. or other \_\_\_\_\_  
 Address 4930 Riverside Date signed \_\_\_\_\_

12212

**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.....

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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 50997

Registrar's No. 1929

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis 102825  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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 Mrs. Janet Stengel

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

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

8. AGE: Years 63 Months 11 Days 26 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 5-22-40 (b) J. F. Bredeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

20. DATE OF DEATH Month Feb day 24 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction

Due to Pelvic adhesions  
Pelvic Disease caused  
Due to chronic salpingitis  
nonvenereal nonchlamydial  
Other conditions complete Prostat  
(Include emergency within 3 months of death)

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

Of autopsy 122B

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 Janet Stengel (M. D. or other) \_\_\_\_\_  
Address 4930 Lake St Date signed \_\_\_\_\_

SUPPLEMENTAL

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

