

FILED APR 15 1940
1Registration District No. 799Primary Registration District No. 1003Registrar's No. 2197

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:
Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Few Minutes
 (Specify whether _____)
 In this community 63 years
 years, months or days

3. (a) PRINT FULL NAME Mr. Edward W. Stelloh

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Lydia Laughlin Stelloh 6. (c) Age of husband or wife if alive 63 years7. Birth date of deceased October 18, 1876
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
63 4 13 hr. min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Assistant Buyer11. Industry or business Religious Pub. House12. Name Henry Stelloh13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Marie Koehne
(City, town, or county) (State or foreign country)15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Lydia Stelloh(b) Address 3510 Itaska Street17. (a) Burial (b) Date thereof March 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Our Redeemer18. (a) Signature of funeral director Underriden Funeral Home(b) Address 1936 St. Louis Avenue19. (a) MAR 5 1940 (b) J. J. Braudsch
(Date received local registrar) (Signature)

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. 3510 Itaska Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1940 hour 2 minutes 50 P. M.21. I hereby certify that I attended the deceased from Feb. 9-1940
_____, 19____, to March 2, 1940
that I last saw him alive on March 2-, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral hemorrhageDue to Hypertension

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 P. Rockwell (M. D. or other) M.D.Address 3805 So. Bertha Date signed 3/4/40

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..... *Gustaf*

Licensed Embalmer No. *3727*

P. O. Address *1936 St. Louis Ave.*

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.