

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

16673
4151

State File No.

Registrar's No.

Registration District No. **791**

Primary Registration District No.

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:
4160 Wyoming St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 8 months
years, months or days)

8. (a) PRINT FULL NAME William H. Stehman 355

8. (b) If veteran, name war _____ 3. (c) Social Security No. 709-09-9099

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

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

7. Birth date of deceased October 12 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business Pullman Railroad

12. Name Unk Stehman

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

14. Maiden name Pauline Stehman

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

16. (a) Informant Rethryn Douglas

(b) Address 4160 Wyoming

17. (a) Burial (b) Date thereof 5/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette

19. MAY 7 1940 (b) J. P. Brodeur
(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") 16
(d) Street No. 4160 Wyoming
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1940 hour 4:00 minute P 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 Gun shot wound of right temple self inflicted at 4160 Wyoming St. May 8 1940 exact time unknown *Duress*

Due to _____

Other conditions (Include pregnancy within 3 months of death) 167

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) suicide

(b) Date of occurrence May 8 1940

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

23. Signature Alfred Perry (M. D. or other) _____
Address Deputy Coroner Date signed 5-9-40

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

MOTHER FATHER

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

Jose Bollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.