

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36356  
State File No.

Registration District No. 764

Primary Registration District No. 200

Registrar's No. 2078

I. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
341 Lagro ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 (Specify whether  
In this community Life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Charles Stibal

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

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

7. Birth date of deceased July 5 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 3 22 hr. min.

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

10. Usual occupation Nil

11. Industry or business Invalid

MOTHER FATHER { 12. Name James Stibal

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

14. Maiden name Anna Jarus

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

16. (a) Informant James Stibal

(b) Address 341 Lagro ave.

17. (a) Burial (b) Date thereof Oct. 29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister h. llc.

(b) Address 7814 S. Broadway

19. (a) OCT 28 1940 (b) R. Meyer M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay  
(If outside city or town limits, write "RURAL")

(d) Street No. 341 Lagro  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 25  
\_\_\_\_\_ 1940, to Oct 27, 1940  
that I last saw him alive on Oct 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia  
Duration 3 day

Due to Exposure to cold

Due to 71

Other conditions Chr. Parenchymatous nephritis  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature C. Briesmeyer (M. D. or other) \_\_\_\_\_

Address 762 Lemay Ferry Rd Date signed 10-28-40

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

**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 *Edwin H. Lehniger*.....

Licensed Embalmer No. *4219*.....

P. O. Address *6464 Clippewa*.....

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

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