

No. 2  
13-40  
17-39  
X23159

Registration District No. **791** Primary Registration District No. **1003**

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: **Mo. Baptist 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 FULL NAME **May Stier.**  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow.**  
6. (b) Name of husband or wife **Elmer Stier.**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **SEPT. 23, 1887**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**53 1 29** hr. min.

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

10. Usual occupation **At Home.**

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

12. Name **Robert Hanson.**

13. Birthplace **Dont Know.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen Long.**

15. Birthplace **Dont Know.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ella C. Levy** **UNIV. CITY**

(b) Address **8430 ELMORE A VE. ST. LOUIS**

17. (a) **Burial** (b) Date thereof **11-25-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **Nov 23 1940** (b) **J. F. Bedard**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **UNIVERSITY CITY** **M.R.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **8430 Elmore Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **November** day **22,**  
year **1940** hour **9** minute **50** A.M.

21. I hereby certify that I attended the deceased from **Nov. 18, 1940**, to **Nov. 22, 1940**,  
that I last saw her alive on **Nov. 22, 1940**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Traumatic pneumonia**

Due to \_\_\_\_\_  
Due to **107**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

22. If death was due to external causes, fill in the following:  
Accident, suicide, or homicide (specify) \_\_\_\_\_

(a) 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 **J. B. Burger** (M. D. or other) \_\_\_\_\_  
Address **607 N. Grand** Date signed **11/22/40**

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

MOTHER FATHER

607-21 - Grand Bank

**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Bl

**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, fact should be so stated above.**