

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

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Days
(Specify whether years, months or days)
 In this community LIFE

8. (a) PRINT FULL NAME Henry Stamm

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LOUISE STAMM 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased OCTOBER 18 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace ST. LOUIS OCT 18 1870 MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation BRICK LAYER

11. Industry or business _____

12. Name P. KNOW STAMM
 18. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name RENT. KNOW
 15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Stamm
 (b) Address 2304 Angelica

17. (a) BURIAL (b) Date thereof DEC 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: FRIEDENS CEM

18. (a) Signature of funeral director [Signature]
 (b) Address 2934 N. 20th

19. (a) DEC 30 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS MO **20**
(If outside city or town limits, write "RURAL")
 (d) Street No. 2304 ANGELICA ST
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29,
 year 1940 hour 11:40 minute A. M.

21. I hereby certify that I attended the deceased from December 19, 1940, to December 29, 1940, that I last saw him alive on December 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy YES

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 [Signature] (M. D. or other) _____
 Address 1515 Lafayette Avenue Date signed 12/30/40

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

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 Alfred J. Boedeker
Licensed Embalmer No. 2663
P. O. Address: 4264 Prairie

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.