No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 946

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 946

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: 3676a Montana 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs/
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1517
(If outside city or town limits, write "RURAL")

(d) Street No. 3676a Montana 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- 0 years.

3. (a) PRINT FULL NAME Elizabeth Stenger

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Phillip Stenger

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 29 (Day) 1874 (Year)

8. AGE: Years 66 Months 8 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation house work

11. Industry or business at home

MOTHER FATHER
12. Name Jacob Gehl
13. Birthplace (City, town, or county) 5 France (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) 1 Indiana (State or foreign country)

16. (a) Informant Christ Stenger
(b) Address St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Peter & Paul

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan

19. (a) JAN 29 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from Nov 23, 1940, to Jan 27, 1941;
that I last saw her alive on Jan 11, 1941, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute dilation (c chronic myocarditis)	10 minutes
Due to chronic myocarditis	perhaps years (2 mo to my knowledge)
Due to Hypertension	perhaps years (2 months to my knowledge)
Other conditions (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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature John T Flynn BS, MD (M. D. or other)
Address 1015 So 39th Date signed 1-28-41

(Licensed Embalmer's Statement on Reverse Side)

Flynn
1715 So 39 St

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 [signature]

Licensed Embalmer No. 4148

P. O. Address 744 Jersey Ave

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

If this body is not embalmed, fact should be so stated above.