

No. 2
4-12-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

5163
1411

State File No. _____
Registrar's No. _____

LED MAR 25 1947 91
Registration District No. _____

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:
4120 Hartford 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1716
(If outside city or town limits, write "RURAL")
(d) Street No. 4120 Hartford St. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME DORA STURM

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 Widowed
6. (b) Name of husband or wife August F. C.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 17 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 - 26 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Joseph Deeken
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Angela Bohmann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Dora Sturm
(b) Address 4120 Hartford St.

17. (a) Burial (b) Date thereof Feb. 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Gebken Sons and Co.
(b) Address 2842 Marmora St.

19. (a) FEB 13 1947 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12th
year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 8th 1938
to July 11th 1941
that I last saw her alive on July 11th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy ASC

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 J. W. Bredeck (M. D. or other) _____
Address 3108 Chippewa St. Date signed 2-12-47

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

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert F. Gibson

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St.

St. Louis, Mo.

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.