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X2315

1941 MAR 25 1941 791  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1848

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:  
St. Luke's 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 Arthur Stelzer

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Louise

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Avg. 12 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

52 6 13 hr. min.

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

10. Usual occupation Painter

11. Industry or business Own Business

12. Name Henry Stelzer

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

14. Maiden name Louise Unknown

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

16. (a) Informant Arthur Stelzer Jr.

(b) Address 2332 Hood Ave.

17. (a) Burial (b) Date thereof 2/27/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. FFR 26 1941 (b) W. J. Zredach  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96 St. Louis

(c) City or town Overland 13  
(If outside city or town limits, write "RURAL") N.R.

(d) Street No. 2332 Hood Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1941 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from Feb - 11 1941, to Feb 25 1941; that I last saw him alive on Feb 24 1941; and that death occurred on the date and hour stated above.

Immediate cause of death mesenteric thrombosis, edema of intestines  
and obstruction  
Due to  Cancer of Rectum

Due to.....

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy Same as above

Duration

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?.....

White at work?..... (Specify type of place)  
(e) Means of injury 0

23. Signature W. J. Zredach (M. D. or other)

Address St. Luke's Hospital Date signed.....

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.....

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

.....  
working under my personal supervision.

Signed.....

*Ray W. Wilkinson*

Licensed Embalmer No.....

3575

P. O. Address.....

**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.**