

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **8860**
Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **2270**

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

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:
4593 Kensington Ave. /
(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 **Joseph Stirmlinger**

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 **Effie Stirmlinger** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **June 16, 1860** **1941**
(Month) (Day) (Year)

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

80	8	24	_____ hr. _____ min.
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9. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Street Car Conductor**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **Gebhart Stirmlinger**

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

14. Maiden name **Martha Jewell**

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

16. (a) Informant **Effie Stirmlinger**
(b) Address **4593 Kensington Ave.**

17. (a) **Burial** (b) Date thereof **3-13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **MAR 12 1941** (b) **J. W. Briedeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **00012**

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

(d) Street No. **4593 Kensington Ave.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **10**
year **1941** hour **10** minute **P.M.**

21. I hereby certify that I attended the deceased from **March 1st**
1941 to **March 10** **1941**
that I last saw him alive on **March 10** **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho-Pneumonia
(secondary to)
acute nephritis
and
Chronic Myocarditis

Due to **following heavy cold**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **93d**

Of autopsy **93c**

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? _____

While at work? _____ (Specify type of place)
Means of injury **2**

23. Signature **J. W. Briedeck** (M. D. or other) **D.O.**
Address **4167 Lee** Date signed **3/11/41**

4167 Lee

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 Warren A. Carver

Licensed Embalmer No.

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.