

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19951

FILED JUL 21 1941  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4763

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:  
7501 Minnesota  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life time  
years, months or days)

3. (a) PRINT FULL NAME Bertha Stempf

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife George Stempf 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 12 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 23 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation house work

11. Industry or business at home

12. Name John Hage Mamm

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

14. Maiden name unknown

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

16. (a) Informant John Stempf

(b) Address 7501 Minnesota

17. (a) burial (b) Date thereof 6-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave

19. (a) JUN 9 1941 (b) J. Brebeck  
(Received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600  
(c) City or town St. Louis 117  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 7501 Minnesota  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1941 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug. 1939  
to June 5, 1939  
that I last saw her alive on June 5, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to arterio sclerosis

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

Major findings: Of operations none  
Of autopsy none

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) no  
(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)  
23. Signature Joseph E. Carney, M.D.  
Address 1525 Innes Bldg Date signed 6-8-41

*Dr. J. W. Conroy*

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**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.....

*Oliver E. Funder*

Licensed Embalmer No. ....

*4148*

P. O. Address.....

*St. Louis*

**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.**