

RUM AUG 28 1941
Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. **6087**

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:
6084 Wanda 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 **Life** _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6084 Wanda Ave.**
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**
year **1941** hour **10** minute **20** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis;**
Coronary Sclerosis;
Cardiac Hypertrophy.

Due to _____

Due to _____

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? _____

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

23. Signature **Thomas F. Callana** (M. D. or other) _____
Address **Deputy Coroner** Date signed **7/24/41**

8. (a) PRINT FULL NAME **Otto E. Stieber**

3. (b) If veteran, name war **---** 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 **Dollie J.** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **January 13, 1884**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	6	11	hr. _____ min.

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

10. Usual occupation **Fireman**

11. Industry or business **St. Louis Fire Department**

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Dollie J. Stieber**

(b) Address **6084 Wanda Ave.**

17. (a) **Burial** (b) Date thereof **7/28/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
St. Mary's Cem. Edwardsville, Ill.
(c) Place: burial or cremation

18. (a) Signature of funeral director **Wacker - Welter**

(b) Address **3634 Grayoia Ave.**

19. (a) **JUL 28 1941** (b) **J. D. Fredrick**
(Date received local registrar) (Registrar's signature)

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

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Handwritten signature and initials

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.....

Frank J. Duval

Licensed Embalmer No. *2615*

P. O. Address *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, above space should be left blank.