

FILED FEB 24 1942 791

1003

174

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County n  
(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. John's Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community about 39 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 28 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2569 Warren St 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

David Stamm

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1-6  
year 1942 hour 3 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 1/4/42 to 1/6/42 (11:00 AM)  
that I last saw him alive on 1/5/42  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mamie Stamm 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 12, 1883  
(Month) (Day) (Year)

Immediate cause of death arteriosclerotic heart disease with decompensation & myocardial infarction  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
57 0 9 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy ab

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

10. Usual occupation common laborer

11. Industry or business \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Elmer Stamm  
(b) Address 2569 Warren St

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) history of CO  
(b) Date of occurrence poisoning 3 wks ago  
(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? \_\_\_\_\_

17. (a) burial (b) Date thereof 1-8-'42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart Goodhart  
(b) Address 2228 St. Louis Ave

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature V.D. Roth (M. D. or other) med  
Address Humboldt Bldg Date signed 1/7/42

19. (a) JAN 7 1942 (b) J. J. Brudeck  
(Date received local registration) (Registrar's signature)

OP J. Faltk

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

*RM*

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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 *Charles Goodhart*  
Licensed Embalmer No. *22777*  
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, fact should be so stated above.**