

FILED FEB 24 1942

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: 791

(a) County _____

(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Missouri (b) County 000

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

(d) Street No. 5018 Minerva Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Harry Gene Stumbaugh

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 Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 25 1926
(Month) (Day) (Year)

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

15 2 27 _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Olive Denson

13. Birthplace De Soto Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rose King

15. Birthplace French Mills Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Olive Denson

(b) Address 5018 Minerva Ave.

17. (a) Removal (b) Date thereof 1-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Fredericktown, Mo.

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

(b) Address 4700 Washington Ave.

19. (a) JAN 22 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1942 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from January 20 1942 to January 22 1942
that I last saw him alive on January 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Wremia Duration _____

Due to Congenital Kidney disease?
Chronic nephritis?

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)

23. Signature Llewellyn Sali (M. D. or other) MO

Address BARNES HOSPITAL Date signed 1/22/42

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

MOTHER FATHER

MAR 20 1942

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.....

E. W. Wilkins

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.