V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4997

State File No.

FILED MAR 24 1942

Registration District No. 91

Primary Registration District No. 1003

Registrar's No. 2054

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:
Alexian Brothers
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 338 Horn
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leo Stehr
3. (b) If veteran, name war
3. (c) Social Security No. 495-12-8347
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 18 (Day) 1922 (Year)

8. AGE: Years	Months	Days	If less than one day
19	2	12	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation laborer
11. Industry or business Small Arms

MOTHER FATHER
12. Name Leo Stehr
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Hilda Schaefer
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Leo Stehr
(b) Address 338 Horn
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan
19. (a) MAR 5 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3 year 1942 hour 10 minute 00 P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred on the date and hour stated above.

Immediate cause Massive Hemorrhage of Brain
External Hemorrhage from Compound Fracture of right Leg
Due to Injuries received Laying in the Road on Highway 67 at Lemay
Cause of Driveway of Fisher Place & Service Station about 8:30 PM

Duration

Other conditions 3/3/42
(Include pregnancy within 3 months of death)

Cause and Manner of Death
Could not be Determined

Major findings:
Operation
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) Upon Verdict
(b) Date of occurrence 3/3/42
(c) Where did injury occur? St Louis Co. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 3/6/42

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Oliver E. Fendler

Licensed Embalmer No. 4148

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.