

FILED DEC 27 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:  
4334 Laclede 1  
(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  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... 000  
 (c) City or town..... St. Louis 17  
(If outside city or town limits, write "RURAL") 919  
 (d) Street No. 4334 Laclede  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country..... 0

3. (a) PRINT FULL NAME FRANK CHARLES STOFFEL

3. (b) If veteran, name war..... no 3. (c) Social Security No. 713-07-8810

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... May 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased..... Nov 5 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 1 7 hr. min.

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

10. Usual occupation.....

11. Industry or business..... Et Dress Helper

12. Name..... John Stoffel

13. Birthplace..... Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown 9

15. Birthplace..... Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Emma Roben

(b) Address..... 4334 Laclede

17. (a) Burial (b) Date thereof..... 12/15/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation..... St. Louis Cemetery

18. (a) Signature of funeral director..... E. K. ...

(b) Address..... 4259 ...

19. (a) DEC 15 1942 (b) J. G. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1942 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov 29 to Dec 12 and that death occurred on the date and hour stated above.

Immediate cause of death..... Myocarditis  
Ch. Nephritis - Interstitial

Due to..... Intestinal obstruction  
(cleared - wp - 12-9-42)

Due to.....  
Other conditions..... Bilateral Complete Inguinal hernia

Major findings: No operation  
Of operations.....  
Of autopsy..... None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)..... 101

(b) Date of occurrence..... 101

(c) Where did injury occur?.....

(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..... J. G. ... (M. D. or other)..... MD  
Address..... 4448 Shaw Bl Date signed 12-14-42

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

MOTHER FATHER

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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.....

*Arnold W. Schoene*

Licensed Embalmer No.....

*3864*

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.**