U. S. No. 2
M—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8835

FILED APR 3 1943

Registration District No. 8

Primary Registration District No. 1003

Registrar's No. 2950

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: 4602 Morganford Rd. 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 82 1

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

(d) Street No. 4602 Morganford Rd.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME HENRY CONRAD STURMFELS

3. (b) If veteran, name war None

(c) Social Security No. 320-10-0361

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Sturmfels

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

7. Birth date of deceased Jan. (Month) 22nd (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	2	5	hr. min.

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

10. Usual occupation Field service man

11. Industry or business Liquid Carbonic Co.

FATHER
12. Name Henry Conrad Sturmfels
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Catherine Neun
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mary Sturmfels
(b) Address 4602 Morganford Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kiegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th
year 1943 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from June 16, 1942 to Mar 27, 1943
that I last saw him alive on Mar. 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	2+ yrs
Chronic Bronchitis	2+ "
Due to (non tubercular)	
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? —
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature M. W. Gansloner (M. D. or other)

Address 3624 Arsenal Date signed 3-29-43

(Licensed Embalmer's Statement on Reverse Side)

Dr Max Gaulaser 9-10:30
3624 Arsenal St La 4805

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 Richard W. Stoneband

Licensed Embalmer No. 4007

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.