

FILED MAY 6 1943 17
Registration District No.

Primary Registration District No. 3069

96
3086

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
Specify whether

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.

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

(d) Street No. Big Bend & Geary. Rd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FR. THOMAS STADLER.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color of 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 Nov 4, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>4</u>	<u>26</u>	hr. _____ min.

9. Birthplace New Orleans 1
(City, town, or county) (State or foreign country)

10. Usual occupation Priest

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Fr. M. J. Huber

(b) Address 1118 9th Street Blvd

17. (a) Burial (b) Date thereof Apr 5 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial St. Joseph's Cemetery No

18. (a) Signature of funeral director J. Quinn

(b) Address 1389 Madison Blvd.

19. (a) APR 6 1943 (b) J. Mc Lary
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 1943 hour 3:30 minute 9 M.

21. I hereby certify that I attended the deceased from 4/1/43 to 4/2/43
that I last saw him alive on 3/31/43 and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure
Pneumonia

Due to Pneumonia 3/2/43

Due to Hypertension
Hypertrophic Aortic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None above gross

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 James P. Huber (M. D. or other)

Address 204 Madison Date signed 4/2/43

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

Harry J. Schumacher

Licensed Embalmer No. *H 2679*

P. O. Address *733 Lemay Ferry*

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.