

FILED JUN 4 1943 318

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Memorial Home, 2609 S. Grand - 17 years
(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:

(a) State Missouri (b) County.....
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2609 S. Grand
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Fred. W. Stumberg

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Sept. 15, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 4 hr. min.

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

10. Usual occupation Printer

11. Industry or business.....

MOTHER FATHER { 12. Name John Stumberg
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred J. Stumberg
(b) Address 419 Holly Hills.

17. (a) Burial (b) Date thereof May 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Craig Mortuary,
4468 Washington.
(b) Address.....

19. (a) MAY 23 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1943 hour 10 minute 7 P. M.

21. I hereby certify that I attended the deceased from May 11, 1943 to May 19, 1943, that I last saw him alive on May 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Strabismic
Due to Ch. Int. Nephro
Due to Ch. Myocarditis
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

8 d

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) (c) Means of injury.....

23. Signature M. D. Ruffalo (M. D. or other) M. D.
Address 3102 Date signed 5/20/43

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

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

Philip M. ...

Licensed Embalmer No. *3281*

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.