

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 22 1943
318

1003

Registrar's No. 8953

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Unknown (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5411 Goethe (If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry L. Stemmler

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Stemmler 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased December 1, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>10</u>	<u>6</u>	hr. _____ min.

9. Birthplace Sparta, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name George Stemmler
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Katherine Meyerott
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Dr. H. A. Schmiemeier
(b) Address 6217 Delor St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 11 43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew's Cem.

18. (a) Signature of funeral director Jachen-Heldrich and Co.
(b) Address 3634 Gravois Ave.

19. (a) OCT 11 1943 (Date received local registrar) (b) J. F. Brubaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7 year 1943 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 6 1942 to Oct 7 1943 that I last saw in alive on Oct 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coriary Dissection Duration 2 ea.

Due to Chronic Myocarditis 1 yr.

Due to Fracture of Pancreas

Other conditions Fracture of Pancreas (Include pregnancy within 3 months of death)

Major findings: Deceased had Underline the cause to which death should be attributed. practically no record found in hospital

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Nov 6, 1942
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In yard at home
While at work? fall (Specify type of place) (e) Means of injury

Signature H. Schmiemeier (M. D. or other) Address 6812 Gravois Date signed 10/8/43

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 Frank J. O'Leary
Licensed Embalmer No. 2615
P. O. Address St Louis

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.