

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

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 23 1944  
Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20309  
Registrar's No. 5391

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Desloge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Texas  
(c) City or town Summerville (If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Stealman, Earl Frank  
3. (b) If veteran, name war None  
3. (c) Social Security No. Unknown  
4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Beulah Stealman  
6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased March 30, 1914  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 14th  
year 1944 hour 4 minute 45 A.M.  
21. I hereby certify that I attended the deceased from June 13th, 1944 to June 14th, 1944;  
that I last saw him alive on June 14th, 1944;  
and that death occurred on the date and hour stated above.

8. AGE: Years 30 Months 2 Days 14  
If less than one day hr. min.

Immediate cause of death Multiple lung abscesses - non tuberculous  
Due to Organism in culture  
Duration  
Other conditions (Include pregnancy within 3 months of death) 114  
Major findings: Of operations  
Of autopsy as above

9. Birthplace Summerville Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer  
11. Industry or business  
12. Name William Stealman  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Estella Bryant  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Beulah Stealman  
(b) Address 1019 E. Park Place  
17. (a) Burial (b) Date thereof 6-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Summerville, Mo.

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?

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) JUN 14 1944 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury  
23. Signature R. P. Fay (M. D. or other)  
Address 1325 So. Grand Blvd. Date signed 6/14/44

**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.....

*John Ogonoski*

Licensed Embalmer No.....

*3398*

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.**