

FILED JUL 26 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6414

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:
St. Anthony Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months,
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Rev. Ambrose Stockemer, O.F.M.

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 Single,

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

7. Birth date of deceased: August 13, 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	27	11	7	hr. min.

9. Birthplace Colwich, Kansas,
(City, town, or county) (State or foreign country)

10. Usual occupation Cleric,

11. Industry or business Franciscan Order,

MOTHER FATHER

12. Name John Stockemer,
13. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know,
15. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Maximus Poppy, O.F.M.
(b) Address 3140 Meramec St.,

17. (a) Removal, (b) Date thereof 7/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Teutopolis, Ill.

18. (a) Signature of funeral director: Gebken-Benz Mortuary,
(b) Address 2842 Meramec St.

19. (a) J. F. Brudeck (b) J. F. Brudeck
(Date received local transfer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois, (b) County Effingham,
(c) City or town Teutopolis,
(If outside city or town limits, write "RURAL")
(d) Street No. St. Joseph Seminary,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1944 hour 4: minute 00 A. M.

21. I hereby certify that I attended the deceased from April 7, 1944 to July 20, 1944
that I last saw him alive on July 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute tuberculous meningitis
and tuberculous meningitis - about 4 months

Due to
Due to
Other conditions (include pregnancy within 3 months of death)

Duration known 5 days

PHYSICIAN

Major findings: Of operations
Of autopsy meningitis, tuberculous
lungs, liver, kidneys & spleen

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?

23. Signature Paul Brown M.D. or other
Address St. Louis, Mo Date signed July 20 1944

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

