

FILED SEP 30 1944 318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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:  
ST. Louis City Hospital  
(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) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St, Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5913 Cote Brilliante  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Stahmann

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Widowed  
6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 1 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 8 22 hr. 17 min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name John Stahmann

13. Birthplace Germany (State or foreign country)

14. Maiden name Sophie Zager (State or foreign country)

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

16. (a) Informant Mrs. J. Schneider

(b) Address 5913 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir

(b) Address 2849 No. Euclid Ave.

19. (a) SEP 25 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23  
year 1944 hour 11.00 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from about  
last 3 years 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_;  
that I last saw him alive on Sept 22 1944 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute obstructive pulmonary edema  
probably due to carcinoma of breast  
Due to Ch. Cholecy of cysts  
Ch. Hepatitis  
Due to Ch. Pancreatic

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
\_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature J. F. Bredeck (M. D. or other) \_\_\_\_\_  
Address 2849 No. Euclid Ave. Date signed 9/26/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Coroner's office  
Dr. Kohler  
4968<sup>e</sup> Dilman  
No 4350  
No 7887

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 Eugene H. Sullivan

Licensed Embalmer No. 2930

P. O. Address St. Louis, Mo.

**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.**