

FILED NOV 1 1944
Registration District No. 2

Primary Registration District No. 1003

Registrar's No. 9028

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years
In this community.....
years, months or days

3. (a) PRINT FULL NAME John Stienhans

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 October 26 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 26 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Brick Manufacturer

12. Name John Henry Stienhans

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

14. Maiden name Minnie Strodtman

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

16. (a) Informant C. Hannon

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 8-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Beiderwieden F.H. Inc.

(b) Address 1936 St. Louis Ave.

19. (a) 10-24-44 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from September 15
1944 to October 22, 19 44
that I last saw h. im alive on October 22, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration

Due to.....

Due to.....

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature Dr. Max A. Blum (M.D. or other)

Address 5800 Arsenal Date signed 10-23-44

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.....

Licensed Embalmer No.....

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.