

FILED NOV 2 1945
318

Registration District No.

Primary Registration District No.

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

40
7
9

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:
5015 Idaho Ave /
(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)

3. (a) PRINT FULL NAME Frances Bertha Stoessel

3. (b) If veteran, name war.....No

3. (c) Social Security No.....No

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

6. (b) Name of husband or wife.....Otto R 6. (c) Age of husband or wife if alive.....85 years

7. Birth date of deceased.....March 8 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 7 13 .hr. min.

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

10. Usual occupation.....Housework

11. Industry or business.....at Home

12. Name.....Henry C Tremann

13. Birthplace.....Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name.....Unknown

15. Birthplace.....Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant.....Otto R Stoessel
(b) Address.....5015 Idaho Ave

17. (a) Burial (b) Date thereof.....10 24 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....Sunset Burial Park

18. (a) Signature of funeral director.....Kriegshauser

(b) Address.....4228

19. (a) OCT 24 1945 8945 Kings Highway
(Date received local registrar) (City, town, or county)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....Mo (b) County.....000

(c) City or town.....St. Louis
(If outside city or town limits, write "RURAL") 1517

(d) Street No.....5015 Idaho Ave
(If rural, give location) 9

(e) Citizen of foreign country?.....(Yes or No)?
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....Oct day.....21
year.....1945 hour.....1 minute.....P M.

21. I hereby certify that I attended the deceased from.....Oct 1943, to.....1945
that I last saw her alive on.....Oct 18, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death.....Uremia 1 day

Due to.....Chronic Myocarditis 10 yrs
Diabetic Mellitus

Due to.....Nephritis Chronic 4 yrs
Uremia

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....U

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.....A M Dyant (M. D. or other) MD
Address.....3651 Grandel Date signed.....Oct 23 1945

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

Richard W. Storrson

Licensed Embalmer No. *4007*

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.