S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34719

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2416

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Coast Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-9-45 to (Specify whether

In this community 10-14-45 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 9 1/0

(c) City or town Maplewood 5 (If outside city or town limits, write "RURAL")

(d) Street No. 7729 Ellis 3 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME JENNIE STOLZE (MRS)

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race W

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased ~~unknown~~ FEB 16 1866 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name unknown Chas Smith
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown Lydia Trigg
15. Birthplace England (City, town, or county) 4 (State or foreign country)

16. (a) Informant Dr. P. Trigg

(b) Address 3500 Hartford St

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/16/45 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois St Louis Mo

19. (a) 10-18-45 (Date received local registrar) (b) E. G. McGarran M D (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 year 1945 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from October 9th, 1945, to October 14, 1945 that I last saw her alive on October 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 9 3 d

Due to

Other conditions Chr Myocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Jansen (M. D. or other)

Address Manchester Mo Date signed 10/15/45

116
19-45

701

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 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. Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address. 7027 Gravois

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 stated above.