

No. 2
5-43
17-39
X36671

FILED DEC 28 1945
318

STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 10927

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: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution approx 3 months
(Specify whether 0)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1012a Art Hill Place (If rural, give location) 14
(e) Citizen of foreign country? X (Yes or No) 0
If yes, name country X

3. (a) PRINT FULL NAME CHARLES BEELER STOHLMAN
3. (b) If veteran, name war World War I
3. (c) Social Security No. 702-11-1188

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 13th
year 1945 hour 11 minute 08 P. M.
21. I hereby certify that I attended the deceased from Sept 18th
1945 to Dec 13th 1945
that I last saw him alive on Dec 13 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martel Sterling
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Nov. 12 1895
(Month) (Day) (Year)

Immediate cause of death anurism of heart & ventricular fibrillation
Due to Coronary occlusion
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
50 10 1 1 hr. min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy No
Underline the cause to which death should be charged statistically.

9. Birthplace Pacific, Missouri
(City, town, or county) (State or foreign country) 0
10. Usual occupation Operating Asst. President
11. Industry or business Missouri Pacific RR
12. Name Charles Henry Stohlman
13. Birthplace Washington, Missouri
(City, town, or county) (State or foreign country) 0
14. Maiden name Anna Margaret Currie
15. Birthplace Pacific, Missouri
(City, town, or county) (State or foreign country) B
16. (a) Informant Mrs. C. B. Stohlman
(b) Address 1012a Art Hill Place
17. (a) Burial (b) Date thereof 12-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Road at Concordia Lane
19. (a) DEC 15 1945 (b) J. F. Bredeck
(Data received local registrar) (Registrar's signature)

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 Robert J. Ambruster (M. D. or other) 0
Address St. Louis, Mo. Date signed 12/14/45

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

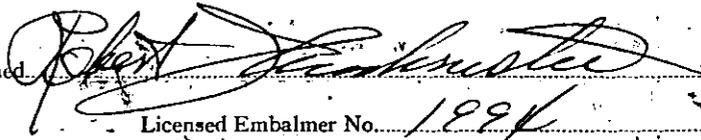
STATEMENT BY LICENSED EMBALMER

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. 1894

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.