S. No. 2
OM—5-43
v. 5-17-39
o 1 X3667

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 984

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 297

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 216 Dover Place /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00 1
(c) City or town St. Louis, 117
(If outside city or town limits, write "RURAL")
(d) Street No. 216 Dover Place 9
(If rural, give location) 10
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John A. Stirnemann

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose Stirnemann

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 26, 1888 (Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 14 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Park Patrolman

11. Industry or business

MOTHER FATHER

12. Name Fred Stirnemann 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Geissert
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Mildred Stirnemann
(b) Address 216 Dover Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,

19. (a) JAN 10 1946 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th year 1946 hour 4 a.m. minute M.

21. I hereby certify that I attended the deceased from Oct 20 1945 to Jan 8 1946 and that I last saw him alive on Jan 8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis 2 yrs
Due to
Due to
Other conditions: Pulmonary Sarcoma, Erros
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. D. Lamb (M. D. or other)
Address 427 Metropol. Bldg Date signed Jan 10 '46

(Licensed Embalmer's Statement on Reverse Side)

DR. D.R. LAMB
MET BLDG

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. J. Wm Dunbaley

Licensed Embalmer No. 13653

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.