

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

State File No. 7978
Registrar's No. 1893

FILED MAR 7 1946
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 da.
In this community 60 Years. (Specify whether years, months or days)

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. 6166 Sherry Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilhelmina Sties

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Sties
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Oct. 12. 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant William Sties

(b) Address 6166 Sherry Ave.

17. (a) Removal (b) Date thereof 2/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chester, Illinois

18. (a) Signature of funeral director Walter H. Spoeneman

(b) Address 2117 E. Grand Blvd.

19. (a) Feb 26 1946 (b) J. F. Bredeek
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1946 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 1-25-46, 1946, to 2-24-46, 1946;
that I last saw her alive on 2-24-46, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver
Duration don't know

Due to _____
Due to None

Other conditions none
(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? _____

23. Signature Walter H. Spoeneman (M. D. or other)
Address 1506 St. Louis
Date signed February 28, 1946

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

6928

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 *Frank A. Moore*

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.