

FILED FEB 20 1946
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(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 Henry Herman Stuermann
 3. (b) If veteran, name war Nil
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased July 17 1896
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>49</u> | <u>6</u> | <u>25</u> |hr.min. |

9. Birthplace Warren County - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farm-hand

MOTHER FATHER

11. Industry or business.....
 12. Name William E. Stuermann
 13. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Mary Sievert
 15. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Stuermann
 (b) Address Warrenton, Missouri

17. (a) Burial (b) Date thereof 2-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holstein, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) FEB 13 1946 (b) J. Brodeek
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
 (c) City or town Rural - Charrette Twp.
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
 year 1946 hour 2 minute 55 P.M.
 21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
 that I last saw h..... alive on....., 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral meningitis
 Due to.....
 Due to.....
 Other conditions.....
(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?

While at work?.....
(Specify type of place) (e) Means of injury
 23. Signature Patricia E. Taylor (b) Dr. Taylor
 Address 1300 Clark Date signed 2-13-46

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 Elmo R. Padwell

Licensed Embalmer No. 4077

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.