

FILED JUN 6 1946 318

Registration District No.

Primary Registration District No.

1007

State File No. 18944
 Registrar's No. 4856

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:
City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 8 hours
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Elizabeth Stoff

3. (b) If veteran, name war.....
 3. (c) Social Security No.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased April 13 1875
 (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 14
 If less than one day hr. min.

9. Birthplace Jefferson Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business.....

12. Name Frank Kessler

13. Birthplace Jefferson Co. Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Speck

15. Birthplace Jefferson Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Otto Burmeister

(b) Address 709 Emmenegger

17. (a) Burial (b) Date thereof 5/31/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew

18. (a) Signature of funeral director Wacker-Hildebrand

(b) Address 3634 Gravois Ave.

19. (a) MAY 31 1946 (b) J. J. Braddock
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2752 Chippewa
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
 year 1946 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 5/27 to 5/27
 that I last saw h..... alive on 5/27
 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart Failure

Due to Hypertrophy of Heart

Due to Hypertension, atherosclerosis, coronary artery disease

Other conditions Chronic Bronchitis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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 O. Kessler (M. D. or other).....

Address 2800 A Chippewa Date signed 5/27/46

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.....

Robert C. Wheeler

Licensed Embalmer No. *2178*

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.