

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

18947

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

4305

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 City Hosp. 0
(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

John E. Stotz

3. (b) If veteran, name war no

3. (c) Social Security No. 770

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 14 1858
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Musician Retired

11. Industry or business

12. Name Unknown 4

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

14. Maiden name Unknown 4

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

16. (a) Informant Anna Bick
(b) Address 5645 Labadie Ave.

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

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bros & Co
(b) Address 2929 S. 1st Person Ave.

19. (a) MAY 13 1946 (b) J. F. Prebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 00
(c) City or town St. Louis 26 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1942 Hebert St. 9
(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 11
year 1946 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from January 1940 to May 11, 1946
that I last saw him alive on May 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days

Due to cardio-renal disease yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/21

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 0

23. Signature Luther Sindler (M. D. or other) M.D.
Address 2222 University St. Date signed 7/2/46

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.....

Licensed Embalmer No.....

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.