

STANDARD CERTIFICATE OF DEATH

Registration District No. **318**

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **8760**

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: **Christian Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days**
In this community **69 years**
(Specify whether years, months or days)

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. **4233 N. 21 Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William G. Stumpe**

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

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Johanna Stumpe**
6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **October 28 1860**
(Month) (Day) (Year)

8. AGE: Years **85** Months **11** Days **12**
If less than one day hr. _____ min. _____

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

10. Usual occupation **Laborer**

11. Industry or business **City Waterworks**

12. Name **Henry Stumpe**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Minnie Tonellie**

(b) Address **4147 Glasgow Ave**

17. (a) **Burial** (b) Date thereof **10/14/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. John's Cemetery**

18. (a) Signature of funeral director **Suedmeyer & Sons**

(b) Address **3934 N. 20 Street**

19. (a) **OCT 12 1946** (b) **J. J. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10**
year **1946** hour **1** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Sept 1945**
to **Oct 10 1946**
that I last saw him alive on **Oct 10 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of rectum**
Duration **19 m.**

Due to _____

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **no**

Of autopsy **as above**

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 **(1)**

23. Signature **Les a Mellis** (M. D. or other)

Address **2739 N. Grand** Date signed **10/11/46**

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

MOTHER FATHER

100

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address. 3934 N. 20 S

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.