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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 7006

Registrar's No. 2046

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(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)

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. Unavailable
Memorial (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME Earl Stierley

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

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 About (Month) 1896 (Day) (Year)

8. AGE: Years About 50 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Daniel Stierley
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mattie Covalt
15. Birthplace Alton (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Ed. Bissinger
(b) Address 609 E. 7th St., Alton, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Ill.

18. (a) Signature of funeral director Harrigan-Shehan Fun. Home
(b) Address 4415 Washington Blvd.

19. (a) FEB 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th
year 1947 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from 2/7/47
, 19 , to 2/26/47, 19 ;
that I last saw him alive on 2/26/47, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial asthma

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.

112

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature W. M. F. Fitzgerald 1515 Lafayette 2/27/47 (Date signed)

Address

(Licensed Embalmer's Statement on Reverse Side)

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 John S. Dennehy

Licensed Embalmer No. 4194 F

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.