

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11895
Registrar's No. 567

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2101 Laclede
(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 St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 2101 Laclede
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bernard Henry Stoltman
3. (b) If veteran, name war World War 2
3. (c) Social Security No. 493-09-0627

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced SD
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 25, 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 2 15 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Salesman

11. Industry or business Bernard Stoltman R.E.

12. Name Bernard Stoltman

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Ritter

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Stoltman

(b) Address 6326 Oakland Ave. St. Louis

17. (a) Burial (b) Date thereof 3/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 3-13-47 (b) Ruth J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cause unknown

Due to _____

Due to _____

Other conditions _____
(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 Ruth J. Allen (M. D. or other) _____

Address Actg. Comm. of Health Date signed 3-11-47

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

96
3
0

OK #2

MAR 31 1947

APR 10 1947

MAY 23 1958

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 *Peter B. Dubrouillard*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, Va.*

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.