

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

FILED JUN 18 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. **3063**

Registrar's No. **1170**

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

1. PLACE OF DEATH:

(a) County **St. Louis County**

(b) City or town **Clayton, Mo.**

(c) Name of hospital or institution: **St. Louis County Hospital**

(d) Length of stay: In hospital or institution **2 days**

In this community **1 1/2 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis Co.**

(c) City or town **Clona Nursing Home**

(d) Street No. **2526 McMoran - Jennings**

(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **CHARLES H. STOEPPELMANN**

3. (b) If veteran, name war **None**

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**  
year **1947** hour **1** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **June 4, 1947, to June 6, 1947.**  
that I last saw him alive on **June 6, 1947.**  
and that death occurred on the date and hour stated above.

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**

6. (b) Name of husband or wife **Ida Stoepfelmann** 6. (c) Age of husband or wife if alive **Dec** years

7. Birth date of deceased **5 29 68**

Immediate cause of death **Cerebral vascular accident** Duration **3 days**

Due to \_\_\_\_\_

Due to **430**

8. AGE: Years **79** Months **0** Days **8** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **St. Louis Missouri**

Other conditions **Generalized arteriosclerosis**

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

12. Name **Casper Stoepfelmann**

13. Birthplace **Germany**

14. Maiden name **Louise Norden**

15. Birthplace **Minnesota**

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant **Henry Stoepfelmann**

(b) Address **720 1/2 Normandy Pl.**

17. (a) **Burial** (b) Date thereof **6/9/47**

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son, Inc.**

(b) Address **2161 East Fair Ave**

19. (a) **6-12-47** (b) **Carl A. J. Shy**

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? \_\_\_\_\_

(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 **Wm. C. Citchler** (M. D. or other) \_\_\_\_\_

Address **601 So. Brentwood** Date signed **6/7/47**

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**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.....

*W. J. G. Burley*

Licensed Embalmer No. *4209*

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.**