V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26093

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6752

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

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: 5411 Goethe Avenue
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5411 Goethe Avenue 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Stemmler

3. (b) If veteran, name war -----

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Henry L.

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

7. Birth date of deceased December (Month) 29th (Day), 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	6	18	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Richard Michel
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Christine Reck
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Edna Kraus
(b) Address 5411 Goethe, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew's Cemetery

18. (a) Signature of funeral director Wacker-Helderle U & L Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) JUL 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1947 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 1, 1945, to July 17, 1947 that I last saw her alive on July 16, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	—
Due to: Chronic Myocarditis	6 mo
Due to:	
Other conditions: Carcinoma of Uterus (Include pregnancy within 3 months of death)	1 yr

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. A. Schmiemeier (M. D. or other)
Address 6811a Gravois Date signed 7/12/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) H. A. SCHMIEMEIR

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. 2645

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.