3. No. 2
(—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 29569

Registrar's No. 2353

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 LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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. 3517 LAFAYETTE AVE 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRANK E. STURGIS

3. (b) If veteran, name war NONE

3. (c) Social Security No. 492-01-4245

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EMMA STURGIS

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased JUNE (Month) 17 (Day) 1880 (Year)

8. AGE: Years 67 Months 2 Days 14 If less than one day hr. min.

9. Birthplace WAVERLY, ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation CLERK

11. Industry or business STURGIS DRUG CO.

FATHER
12. Name WILLIAM STURGIS
13. Birthplace UNKNOWN, ILLINOIS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARAH ASHBAUGH
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MRS EMMA STURGIS
(b) Address 3517 LAFAYETTE AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 3, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY (KIRKWOOD)

18. (a) Signature of funeral director Wm J. ROBERT L. + U. Co.
(b) Address 1905 So. GRAND BLVD

19. (a) SEP 2 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 1 year 1947 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1932, 19..., to 9-1-47, 19...; that I last saw him alive on AUGUST 31, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Progressive Coronary Artery Sclerotic obstruction & Myocarditis	5 yrs
Due to Coronary Sclerosis Ac Cardiac Failure	10 days
Due to	
Other conditions Hypostatic pneumonitis (Include pregnancy within 3 months of death)	10 days
Congestive portal cirrhosis	

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? Means of injury

23. Signature Walter H. Hoffa (M. D. or other) MD
Address 3108 S. Grand Date signed 9/2/47

Jefferson City Printing Co.

(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 Ronald Yahnke

Licensed Embalmer No. 3917

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.