

FILED AUG 6 1948 318

Registration District No.

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No.

24750

6614

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 Days
In this community 4 1/2 years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Helen E. Stecher

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 20 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Weisenflue
13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Freiner
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Loretta Stecher
(b) Address 3215a Missouri Ave.

17. (a) Burial (b) Date thereof 7-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Piker Cemetery

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3013 Meramec St.

19. (a) JUL 27 1948 (b) J. T. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3215a Missouri Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1948 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from July 21 1948 to July 26 1948
that I last saw her alive on July 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA

Due to Chronic Glomerulo-nephritis 5 wks
Chronic (Chronic)

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 12/1

Major findings: Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to 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? X

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Otto Melchior (M. D. or other) _____
Address 2 W. Union Club Date signed 7/27/48

Dr. Wilhelmi
UNIV Club Bldg,
2-6 PM 7-8 PM

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 Francis Williamson

Licensed Embalmer No. 3565

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.