

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 8 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

38675
State File No. _____
Registrar's No. 10374

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital
(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 (Specify whether _____)

3. (a) PRINT FULL NAME Alberta Stirnaman

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

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Francis Stirnaman

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

7. Birth date of deceased June 28 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	4	28	hr. _____ min. _____
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9. Birthplace Kaskaskia Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Wheeler

13. Birthplace W. Virginia
(State or foreign country)

14. Maiden name Mary Reilly

15. Birthplace Kaskaskia Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed. Duchinsky

(b) Address Chester, Ill.

17. (a) removal (Burial, cremation, or removal)

(b) Date thereof 11-27-48
(Month) (Day) (Year)

(c) Place: burial or cremation Chester, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV-29-1948 (Date received local registrar)

(b) J. B. Lester (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph

(c) City or town Chester
(If outside city or town limits, write "RURAL")

(d) Street No. 770 State
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1948 hour 5 minute 17 P.M.

21. I hereby certify that I attended the deceased from Nov 19 1948 to Nov 26 1948
that I last saw her alive on Nov 26 1948
and that death occurred on the date and hour stated above

Immediate cause of death Myocardial infarction Duration _____
Coronary heart disease (?)
Myocardial damage
Advanced

Due to Pericious anemia 2/275

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. B. Lester (M. D. or other) _____

Address 837 1/2 N. Polkway Date signed 11/27 48

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

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Etienne S. Remeleis

Licensed Embalmer No. 4283

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.