

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43000

State File No. 11164

FILED JAN 7 1950

BIRTH NO. 103703

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		b. COUNTY 032	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital # 1		d. STREET ADDRESS (If rural, give location) 19 4053 Washington Blvd.	

3. NAME OF DECEASED (Type or Print) LOUIS	a. (First)	b. (Middle)	c. (Last) STUEHMEYER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 27 1949
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 25, 1874	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo.	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Fritz Stuehmeyer	13b. MOTHER'S MAIDEN NAME Mary Knigge	14. NAME OF HUSBAND OR WIFE Bellemont Stuehmeyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 196-22-1150	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rev. William S. Bowdern S.J. 3628 Lindell Blvd

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cellulitis & abscess formation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>of left ankle and leg</u> DUE TO (c) <u>Diabetes Mellitus</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 216X

22. I hereby certify that I attended the deceased from 12/7, 1949, to 12/27, 1949, that I last saw the deceased alive on 12/27, 1949, and that death occurred at 3:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Caron Heindrich M.D.</u>	(Degree or title)	23b. ADDRESS <u>1515 Lafayette</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>12-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>

DATE RECD BY LOCAL REGISTRY <u>DEC 28 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Parson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>	ADDRESS <u>3840 Lindell Blvd.</u>
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

W. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.