

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31885
8597

FILED OCT 10 1951

State File No. 1003 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 15 3936 Itaska 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3936 Itaska			

3. NAME OF DECEASED (Type or Print) Rose Stirnemann	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 6, 1890	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Berthold Blumenthal	13b. MOTHER'S MAIDEN NAME Wilhelmina Frick	14. NAME OF HUSBAND OR WIFE John A. Stirnemann
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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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, ashenia, 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) Melanotic carcinoma of ovary		
	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 Intestinal obstruction, carcinoma of rt. ovary.	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 175X
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I hereby certify that I attended the deceased from 6/25/51 to 9/26/51, 1951, that I last saw the deceased alive on 9/10/51, 1951, and that death occurred at 7 P.M. m., from the causes and on the date stated above.

22. SIGNATURE Warren H. Norton M.D. (Degree or title)	23b. ADDRESS 607-n Grand	23c. DATE SIGNED 9/28/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-29-51	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran	24d. LOCATION (City, town, or county) (State) Lemay, Mo.
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DATE REC'D BY LOCAL REG. SEP 28 1951	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE southern funeral home	ADDRESS 6322 S. Grand
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Warren Marston
University Club Bldg.
Je. 7675 1 to 4 p.m.

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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Student
Student Embalmer

Signed *David Van Torman* _____

Licensed Embalmer No. *4242* _____

P. O. Address *6322 S. Grand* _____

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.