

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34128

State File No.

FILED OCT 17 1953

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8168

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Lemay 23 48 1/2		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital				e. STREET ADDRESS (If rural, give location) 14 Hancock Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) H. c. (Last) STEMMLER			4. DATE OF DEATH (Month) (Day) (Year) August 21, 1953				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 19, 1869	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machine operator		10b. KIND OF BUSINESS OR INDUSTRY Lowell Bleachery		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Stemmler		13b. MOTHER'S MAIDEN NAME Christina Zickel		14. NAME OF HUSBAND OR WIFE Anna Stemmler			
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. 492168854		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Stemmler, 15 Hancock, Lemay			
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, asphyxia etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerotic Heart Dis AMPEMENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) Old Cerebral apoplexy. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Hip				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 5 yrs 2 hrs 4 hrs	
19a. DATE OF OPERATION May 53		19b. MAJOR FINDINGS OF OPERATION Intertracheal fracture of femur				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson/Bks St. Louis Co. Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 1 53 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR fell at Home 4200			
22. I hereby certify that I attended the deceased from Apr 11, 1953 to Aug 21, 1953 , that I last saw the deceased alive on Aug 21, 1953 , and that death occurred at 11:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.				23b. ADDRESS 421 W. S. Churmer		23c. DATE SIGNED 8-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/24/53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Lemay, St. Louis, Mo.		
DATE REC'D BY LOCAL REG. AUG 24 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan			

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

O'Sullivan 421 W. Schimmer

G. W. Schimmer

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
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Michigan*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.