

FILED APR 10 1956

State File No. **11482**  
Registrar's No. **3357**

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)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		a. STATE <b>Missouri</b> b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>10 427 Clarence</b>		f. (If rural, give location) <b>5240 Maffitt</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Jane</b>	b. (Middle)	c. (Last) <b>Stemmer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 3 1956</b>
-------------------------------------	------------------------	-------------	--------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>Caucasian</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 9, 1889</b>	9. AGE (In years last birthday) <b>67 1/2</b>	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) <b>None - housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Patrick Blake</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret O'Connor</b>	14. NAME OF HUSBAND OR WIFE <b>John Stemmer</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>488-12-8857</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Evelyn M. Siglan</b>	ADDRESS <b>3838 Park Dr.</b>
---	--	---	------------------------------

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) <b>Heart Failure Heart failure</b>		
	ANTECEDENT CAUSES <b>peritonitis-Paralytic Ileus</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Peritonitis - Paralytic ileus</b> DUE TO (c) <b>Post operative Cystectomy</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>3-15-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of urinary bladder</b>	20. AUTOPSY? <b>181x</b>	YES <input 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)
--	--	---

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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **2-29, 1956** to **4-3, 1956**, that I last saw the deceased alive on **April 2, 1956**, and that death occurred at **7:28 A.M.**, from the causes and on the date stated above. **4-3-56**

23a. SIGNATURE <b>Philip M. Beglin</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Firmin Desloge Hosp, Firmin Desloge Hospital</b>	23c. DATE SIGNED <b>4-3-56</b>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4-5-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. <b>APR 4 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stroot-Carroll</b>	ADDRESS <b>4600 Natural Bridge Blvd</b>
--	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *M. W. Ruster*.....

Licensed Embalmer No...*4*...

P. O. Address *St. Louis*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
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.