S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
Bureau of the Census

FILED AUG 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 29094

Registration District No. 318

Primary Registration District No.

Registrar's No. 7333

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Bethesda General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)
In this community -6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3610 N. 22nd. St. 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Mrs. Katherine Stehle

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Charles Stehle

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

7. Birth date of deceased 3 (Month) - 30 (Day) - 87 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21/46.
year 1946 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Aug 10 1946 to Aug 21 1946
that I last saw h alive on Aug 21 1946.
and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
59	4	21	hr. min.

Immediate cause of death Toxic Myocarditis — Duration 6 hrs

Due to Carcinoma Uterine — Duration 1 yr

Due to —

Other conditions (Include pregnancy within 3 months of death) 55

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Edward Heberer
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Marie Emilie
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Ruth Brown
(b) Address 3610 N.22nd.St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/46 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) AUG 23 1946 (Date received local registrar) (b) J. F. Bruder (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. W. Kraus (M. D. or other)

Address 3840 California Date signed 8/24/46

(Licensed Embalmer's Statement on Reverse Side)