

FILED SEP 23 1942

Registration District No. **318** Primary Registration District No. **1002** Registrar's No. **7587**

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:
4405 West Pine Bl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....

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

(d) Street No..... **4405 West Pine**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Adele L. Stadler**

3. (b) If veteran, name war..... 3: (c) Social Security No. **549-20-0727**

4. Sex..... **female** 5. Color or race..... **white** 6. (a) Single, widowed, married, divorced..... **Div. 3**

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

7. Birth date of deceased..... **March 30 1899**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	5	10	hr. min.

9. Birthplace..... **Quincey Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Clerical**

11. Industry or business.....

MOTHER, FATHER

12. Name..... **Alfred J. Levy**

13. Birthplace..... **Hannibal Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Gussie Jacobs**

15. Birthplace..... **Quincy Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **J. J. Medeck**
(b) Address..... **85 Arundel, Clayton Mo.**

17. (a) **Burial** (b) Date thereof..... **9/13/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt. Sinai**

18. (a) Signature of funeral director..... **W. J. ...**
(b) Address..... **4356 Lindell Blvd**

19. (a) **SEP 11 1942** (b) **J. J. Medeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Sept** day..... **10th**
year..... **1942** hour..... **19:52** minute..... **P.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....
Asphyxiation due to Drowning when deceased was found in bathtub filled with water in her apartment 90402 at 4405 West Pine Bl. on 9/10/42 about 9:30 P.M.

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

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)..... **Accident DDD**

(b) Date of occurrence..... **9/10/42**

(c) Where did injury occur?..... **St. Louis MO**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work?..... (b) Means of injury.....

23. Signature..... **James J. ...** (Dr. D. or other)
Address..... **1300 6th St** Date signed..... **10/14/42**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Welford Y. Burnley

Licensed Embalmer No. *4303*

P. O. Address.....

St. Louis Mo.

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.