

S. No. 2  
DM-2-43  
v. 5-17-39  
P-1 X35627

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED AUG 11 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22603

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6342

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: 4006 St. Louis Ave. 0  
(d) Length of stay: In hospital or institution 30 years  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. County 000  
(b) City or town St. Louis 1911  
(c) Street No. 4006 St. Louis Ave.  
(d) Citizen of foreign country? 0 (Yes or No)

3. (a) PRINT FULL NAME Edward A. Stalf  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 5 year 1945 hour 12 minute 40 A.M.  
21. I hereby certify that I attended the deceased from Aug 3 1945 to Aug 7 1945  
that I last saw him alive on Aug 5 1945 and that death occurred on the date and hour stated above.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Carrie  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased April 24 1873

Immediate cause of death  
Coronary thrombosis 1 day  
Hypertension

8. AGE: Years 72 Months 3 Days 12  
9. Birthplace Quincy ILL. 1

Other conditions: 94  
Major findings: Of operations: Of autopsy: PHYSICIAN

10. Usual occupation service station operator  
11. Industry or business self  
12. Name Leonard Stalf  
13. Birthplace Germany  
14. Maiden name Don't know  
15. Birthplace Germany

16. (a) Informant Mrs. Carrie Stalf  
(b) Address 4006 St. Louis Ave.  
17. (a) Burial (b) Date thereof Mar. 8 1945  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Joseph A. Houtz  
(b) Address 1619 Grand Blvd.  
19. (a) AUG 7 1945 (b) J. F. Bredekamp

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature J. Supette (M. D. or other) J. D.  
Address 2222 Grand Date signed 8/6/45

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

20  
17  
9

**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.....

*Joe A. Howard*

Licensed Embalmer No. *4139*.....

P. O. Address.....

**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.**