

No. 2  
5-43  
17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **35628**  
Registrar's No. **9371**

FILED NOV 12 1946  
Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ENROUTE CITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
year, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison  
(c) City or town Edwardsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 125 Springer **NR**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elmer C. Stahlhut

3. (b) If veteran, name war WORLD WAR I  
3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MAUDE L. STAHLHUT  
6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased DEC 2 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 10 29 hr. min.

9. Birthplace MADISON Co. ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation WHOLESALE MEAT DEALER

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name W. G. STAHLHUT  
13. Birthplace MADISON Co. ILL.  
(City, town, or county) (State or foreign country)  
14. Maiden name JEROTHY FELDMAN  
15. Birthplace MADISON Co. ILL.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Stahlhut  
(b) Address Edwardsville, Ill.

17. (a) Removal (b) Date thereof 10-31-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Ill.

18. (a) Signature of funeral director Marks-Weber Fun. Home  
(b) Address Edwardsville, Ill.

19. (a) NOV 1 1946 (Date received local registrar)  
J. F. Bralock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31  
year 1946 hour 2 minute 30 P M.  
21. I hereby certify that I attended the deceased from October 1  
1946, 19    to October 30, 1946  
that I last saw him alive on Wednesday Oct 30, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Coronary Atherosclerosis  
Due to Hypertension  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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) \_\_\_\_\_  
(b) Date of occurrence October 31, 1946  
(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?  
on street

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. Orusted (M. D. or other) W. H. Orusted  
Address 3720 Washington Date signed 11/1/46

(Licensed Embalmer's Statement on Reverse Side) St Louis Mo

**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..... *B. H. Weber*.....

Licensed Embalmer No. *3208*.....

P. O. Address. *Edwardsville, Ill.*.....

**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.**