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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7011**

FILED MAR 14 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2237**

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:
3100 N. Newstead Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3100 N. Newstead Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Margaret Stolle**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

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

7. Birth date of deceased **June 15 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 8 18 hr. min.

9. Birthplace **North Vernon Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Anton Haag**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Burger**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Stolle**
(b) Address **3100 N. Newstead Ave.**

17. (a) **Burial** (b) Date thereof **3-7-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Glendonville, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **1947** (b) **J. F. Bredebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3** year **1947** hour **7** minute **45 a.** M.

21. I hereby certify that I attended the deceased from **13** 19 **47** to **14** 19 **47**
that I last saw her alive on **Feb 24** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Pulmonary Edema **24 hr**

Due to **Ch. Myocarditis**

Due to **Acute Pulmonary Edema** **Chronic**

Identify

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **93**

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).....

(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?

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

23. Signature **John H. Hoppe** (M. D. or other)

Address **4700 Washington Blvd.** Date signed **3/4/47**

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

MOTHER FATHER

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..... *Clara R. Cadwell*

..... Licensed Embalmer No..... *4077*

..... 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.