S. No. 2
M—12-45
v. 5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26103

Registrar's No. 6685

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hrs. (Specify whether
In this community life
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. 1114 Bates St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Gustav L. Stoll

3. (b) If veteran, name war none

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 Emily

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

7. Birth date of deceased Nov. (Month) 5 (Day) 1873 (Year)

8. AGE: Years 74 Months 8 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Butcher

FATHER
12. Name Martin Stoll
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Emily Stoll
(b) Address 1114 Bates St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave

19. (a) JUL 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1947 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from 8/3/44, 1944 to 7/14/, 1947
that I last saw him alive on July 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 3 hr;

Due to Hypertensive Heart Desease — Years

Due to

Other conditions Fracture? left hip — 8 hrs
(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) Accident
(b) Date of occurrence 7/14/47
(c) Where did injury occur? St Louis (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) Fall
While at work? (e) Means of injury

23. Signature Ellsworth A Westrup (M. D. or other) MD
Address 204 E. Big Bend Date signed 7/15/47

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1955

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 W. G. Peterson

Licensed Embalmer No. 3167

P. O. Address 7027 Gravoi

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.