

FILED APR 7 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

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.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.**..... (b) County..... **000**

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL") **17**

(d) Street No..... **3911A Palm St.**
(If rural, give location) **9**

(e) Citizen of foreign country?..... (Yes or No) **0**

If yes, name country.....

3. (a) PRINT FULL NAME..... **Eleanor Stifel**

3. (b) If veteran, name war.....

3. (c) Social Security No. **488-03-9518**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Mar.**..... day..... **28**
year..... **1948**..... hour..... **9**..... minute..... **19**..... P..... M.....

4. Sex..... **female**..... 5. Color or race..... **white**.....

6. (a) Single, widowed, married, divorced..... **single**.....

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... **Apr.**..... **19**..... **1919**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... **Nov. 1947**
....., 19..... to..... **Mar. 27, 1948**.....

that I last saw him..... alive on..... **Mar. 27**....., 19.....
and that death occurred on the date and hour stated above.

Duration..... **5 Mos.**

8. AGE:

Years	Months	Days	If less than one day
35	11	9	hr. min.

Immediate cause of death..... **lymphosarcoma**

..... **Primary in right axilla with extension to both breasts and to R. arm.**

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

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

10. Usual occupation..... **Personel Office**

11. Industry or business..... **Federal Reserve Bank**

12. Name..... **Louis P. Stifel**

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

14. Maiden name..... **Dora Quitzow**

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

Major findings: **Operated Nov. 1947 - Findings as above.**

Of autopsy.....

PHYSICIAN.....
Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Mrs. Dora Stifel**
(b) Address..... **3911A Palm St.**

17. (a) **burial**..... (b) Date thereof..... **3-31-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Valhalla**

18. (a) Signature of funeral director..... **Drehmann-Harral**
(b) Address..... **1905 Union Blvd.**

19. (a) **MAR 30 1948**..... (b) **J. F. Brebeck**
(Date received local registration) (Registrar's signature)

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?.....
(Specify type of place)

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

23. Signature..... **R. P. Francis**..... (M. D. or other).....
Address..... **5427 Delmar**..... Date signed..... **3-30-48**

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..... *Albert R. Simpson*
..... Licensed Embalmer No. *4237*
..... P. O. Address *St. Louis*

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.