No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28248

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 7792

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: 4159 Flad Avenue 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 42 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 60
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4159 Flad Avenue 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 17
If yes, name country —

3. (a) PRINT FULL NAME Mrs. Mathilda Stoll
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Phillip Stoll
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased November 15th, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	9	18	hr. min.

9. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business —
MOTHER FATHER
12. Name Christian Schuette
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta (UNKNOWN)
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Edwin Stoll
(b) Address 4159 Flad Avenue
17. (a) Burial (b) Date thereof 9/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairmount Cemetery Cape Girardeau, Mo.
18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.
(b) Address 1936 St. Louis Avenue
19. (a) SEP 4 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd, year 1948 hour 2: minute 30 P. M.
21. I hereby certify that I attended the deceased from April 1, 1947, to Sept 2, 1948, that I last saw her alive on Sept. 2, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Cardio-Vascular-Renal Disease	18 mos.
Due to Usual	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy None

PHYSICIAN — Underline the cause of 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 place) (e) Means of injury —
23. Signature Leon C. Hailey (M. D. or other) MD.
Address 1504 So. Grand Blvd Date signed 9/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Leon C. Haile
1504 S. Grand (Grand & Park)

3:30--4:30-P.M.
Y-4

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 Neal L. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 [illegible]

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.