

No. 300
10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8791
Registrar's No. 8791

FILED OCT 23 1948 318

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis Missouri

(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

In this community years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3863 Connecticut St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME STUEVER, MRS. LILLIAN LORETTA

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 9, year 1948 hour 3:35 minute A.M.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: DEC 17 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 25, 1948 to Oct 9, 1948; that I last saw her alive on Oct 8, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 9 Days 27 hr. _____ min. _____

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

Immediate cause of death Carcinoma of tubercular generalization

Due to _____

Due to _____

Other conditions Colon cancer
(Include pregnancy within 3 months of death)

10. Usual occupation HOUSE WORK

11. Industry or business _____

12. Name FRANK HESSLING

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

14. Maiden name MARY BELCHER

15. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

Major findings: Colon cancer
Of operations: Partial intestinal resection due to carcinomatosis

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant CHARLES L. STUEVER

(b) Address 3863 CONNECTICUT ST.

17. (a) BURIAL (b) Date thereof 10-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEM

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 S. KING HIGHWAY

19. (a) OCT 10 1948 (b) J. D. Dasater
(Date received local register) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature James J. ... (M. D. or other) 9 Oct 48

Address 200 Pac Hosp Date signed _____

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 Richard W. Stovessand.....

Licensed Embalmer No. 4007.....

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.