

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED FEB 14 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 114

956
35

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2504 Sutton Ave. /</u>		d. STREET ADDRESS (If rural, give location) <u>635 West Glendale Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>A.</u> c. (Last) <u>Stehle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January. 14, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>II/29/1909</u>
9. AGE (In years last birthday) <u>39</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 Hrs. _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wholesale Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fred. Rapp Gro.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>William T. Stehle</u>	
13b. MOTHER'S MAIDEN NAME <u>Evelyn Andrae</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>		16. SOCIAL SECURITY NO. <u>488-07-3545</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William T. Stehle</u> ADDRESS <u>1136 Wilshire Blvd.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>940</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>6/8</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1/8, 1949</u> , to <u>1/14, 1949</u> , that I last saw the deceased alive on <u>1/8, 1949</u> , and that death occurred at <u>6.30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. D. Seagle</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>104 N. Adams, Parkwood Mo</u>	23c. DATE SIGNED <u>1/15/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-17-49</u>	REGISTRAR'S SIGNATURE <u>Thurmond L. ...</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. ...</u> ADDRESS <u>1136 Wilshire Blvd.</u>	

MAR 8 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elmo R. Radwell

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.