

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10706

State File No. ....

3002

BIRTH NO. ....		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. <u>1003</u>		Registrar's No. <u>3002</u>							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5646 Lotus</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMAN</u>			b. (Middle) <u>STOM</u>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 1 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Marr.</u>		8. DATE OF BIRTH <u>7-18-1923</u>		9. AGE (In years last birthday) <u>25</u>		IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Joseph Stom</u>				13b. MOTHER'S MAIDEN NAME <u>Jennie Neusteter</u>				14. NAME OF HUSBAND OR WIFE <u>Single</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jennie Stom</u>			ADDRESS <u>5646 Lotus</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia, rheumatic</u>						INTERVAL BETWEEN ONSET AND DEATH <u>year</u>					
		ANTECEDENT CAUSES DUE TO (b) <u>Rheumatic fever</u>						<u>year</u>					
		DUE TO (c) <u>St. L.</u>											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H16K</u>						20. AUTOPSY? YES <input checked="" 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) (Min.)		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>Mar 30, 1949</u> to <u>April 1, 1949</u> , that I last saw the deceased alive on <u>April 1, 1949</u> , and that death occurred at <u>9:15 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Sam F. Beam</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3720 Washington St. St. Louis, Mo.</u>			23c. DATE SIGNED <u>4/2/49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/3/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>B'Nai Amoona Cem</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>						
DATE REC'D BY LOCAL REG. <u>APR 3 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>			ADDRESS <u>4715 McPherson</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

116

No. 300  
10.48

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4229

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.