

STASUL
FILED JUL 30 1949

STANDARD CERTIFICATE OF DEATH

State File No. 25317
6272

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		admission: _____	
St. Louis				St. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
Firman DeSloge Hospital				3957 Kennerly Ave			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Madge Margaret		Stasul					
4. DATE OF DEATH		(Month)		(Day)		(Year)	
July 16, 1949							
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Female		White		Married		1890	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
59		At Home		Missouri		D.K. D.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
John Babble		Mary Elder		Frank Stasul			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
				Frank Stasul 3957 Kennerly Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Pulmonary Embolus				148-	
ANTECEDENT CAUSES		DUE TO (b) Auricular fibrillation					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arteriosclerotic heart dis					
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				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)		93 (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? H 210			
22. I hereby certify that I attended the deceased from July 6, 1949, to July 16, 1949, that I last saw the deceased alive on July 16, 1949, and that death occurred at 7:20 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
James B. Babble M.D.				1325 S Grand		7-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		July 20, 49		Calvary Cemetery		St. Louis Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
JUL 19 1949		J. B. Rasater		Arthur J. Donnelly 3840 Lindell Blvd			

1325 8, Green St
Grand 7660
Station 253

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

Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 25317
Local Registrar's No. 6272

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....

for Madge M. Steusel ~~who~~ ^{died} upon oath, states that the original record of ^{birth} ~~death~~ 7-16-49, 19....., in the State of Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 136 should read.....

Instead of..... Mary Ann Hurley

Item No. should read.....

Instead of..... Mary Ellen

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Arthur J. Donnelly Undt Co
General Director Relationship.
3840 Lindell Blvd
Present Address. Dr. K. T. McLean

Subscribed and sworn to before me this 28 day of March, 1962

My Commission expires 3-4-53
Geo C. Pugh Notary Public.

