S. No. 300
. 10.48

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25322
6294

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS MO
c. LENGTH OF STAY (in this place): /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2860 INDIANA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 17
d. STREET ADDRESS (If rural, give location): 2860 INDIANA 0

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ANNA
c. (Last): STENZINGER

4. DATE OF DEATH (Month) (Day) (Year): JULY 19 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: MAY 6 1859
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 2, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WIDOW
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: REMME
13b. MOTHER'S MAIDEN NAME: MARY KAMEEFER
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)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: CHARLOTTE STENZINGER
ADDRESS: 2860 INDIANA

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Old age.
INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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): 162
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 794X

22. *I hereby certify that I attended the deceased from* about Jul 19 1949 *to* July 19th 1949 *that I last saw the deceased alive on* July 19th 1949, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul B. Webb
(Degree or title): MD
23b. ADDRESS: 1915 Sidney St.
23c. DATE SIGNED: 7/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 22 1949
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO

DATE REC'D BY LOCAL REG.: JUL 20 1949
REGISTRAR'S SIGNATURE: L B Lacoste
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Kutis
ADDRESS: 2906 Gravois

(on Reverse Side)

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

1915 Sidney SD
10-12 a.m. 7-9 P.M.
SR 1289

mil

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 Homer C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Grain

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.