S. No. 300
v. 10-48

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39340
State File No. 9998

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 0
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PARKLANE HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO
b. COUNTY FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. CLAIR 36 3
d. STREET ADDRESS (If rural, give location) WR. 6 1

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) SOPHIA c. (Last) STUECKEN
4. DATE OF DEATH (Month) (Day) (Year) NOV. 19, 1949
5. SEX Fem
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH SEPT. 19, 1872
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIROPRACTOR
10b. KIND OF BUSINESS OR INDUSTRY SELF
11. BIRTHPLACE (State or foreign country) MISSOURI, O
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Unk
13b. MOTHER'S MAIDEN NAME Unk
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 ADDRESS LELIA RIEHL 8408 S. 9th, St. Louis, Mo.

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) Chronic myocarditis.

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION No surgery performed.
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 25, 1949 *to* Nov. 19, 1949 *that I last saw the deceased alive on* Nov. 19, 1949, *and that death occurred at* 1:40 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS 4930 Lindell Blvd. Saint Louis 8, Mo.
23c. DATE SIGNED Nov 21, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 11-22-49
24c. NAME OF CEMETERY OR CREMATORY HOLSTEIN CEME
24d. LOCATION (City, town, or county) (State) HOLSTEIN, MO.

DATE REC'D BY LOCAL REG. NOV 21 1949
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Casey & Russell St. Clair, Mo.

NOV 21 1949

(Licensed Embalmer's Statement on Reverse Side)

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

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. 344 working under my personal supervision.

Student Ralph Oltmann
Student Embalmer

Signed E. F. Oltmann

Licensed Embalmer, No. 1686

P. O. Address Vienna, Mo.

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.