

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42985

State File No. _____

318

Registrar's No. 10942

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10942			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Wellston					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke Hospital				d. STREET ADDRESS (If rural, give location) 6303 Ella Ave.,					
3. NAME OF DECEASED a. (First) LUELLE		b. (Middle) PEARL		c. (Last) STAGG.		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 18, 1907			
9. AGE (In years last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Kimmswick, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Phillip Ruess		13b. MOTHER'S MAIDEN NAME Mary Kessler		14. NAME OF HUSBAND OR WIFE Darrell Stagg, 6303 Ella			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-28-0460		17. INFORMANT'S SIGNATURE OR NAME Darrell Stagg, 6303 Ella Ave., ADDRESS _____					
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) Rupture of aneurysm, Circle of Willis ANTECEDENT CAUSES win. diab. aneurysm hemorrhage Morbidity 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 16 hrs	
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) _____ (STATE) 96.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H52X					
22. I hereby certify that I attended the deceased from Dec. 18, 1949, to Dec. 19, 1949, that I last saw the deceased alive on Dec. 19, 1949, and that death occurred at 4:45 P.M. from the causes and on the date stated above.									
23a. SIGNATURE Arthur B. Day, M.D. (Degree or title)				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 12-20-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 22, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.,		24d. LOCATION (City, town, or county) St. Louis, Mo. (State) _____			
DATE REC'D BY LOCAL REG. DEC 20 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiamont Ave.,					

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

DR. A. B. Day,
Baumont Bldg.,
NE. 0870. L.00 P.M.

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

J. A. M. Dinkley

Licensed Embalmer No. 3653

P. O. Address St Paul, 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.