

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3238

State File No.

BIRTH NO. REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **176**

1. PLACE OF DEATH a. COUNTY St. Louis		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 township) CLAYTON	c. LENGTH OF STAY (in this place) 2 wks	c. CITY (If outside corporate limits, write RURAL and give township) Atton - 4790	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hosp		d. STREET ADDRESS (If rural, give location) 5327 Lode	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY	b. (Middle)	c. (Last) STOLZE	4. DATE OF DEATH (Month) (Day) (Year) 1-18-50
---	-------------	-------------------------	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH JAN 2, 1878	9. AGE (in years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
-----------------	---------------------------	---	--	---	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Worker	10b. KIND OF BUSINESS OR INDUSTRY Cigarette & Meyer	11. BIRTHPLACE (State or foreign country) ALTON ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	---

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE SARAH ANN STOLZE
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) DNIC	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Busch	ADDRESS 5333 Lode
--	-------------------------	---	-----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 157X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, R.L.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Carcinoma of head of pancreas		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 157X	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 **1-13-1950**, to **1-18-1950** that I last saw the deceased alive on **1-18-1950** and that death occurred at **5:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. P. Colle, M.D.	(Degree or title)	23b. ADDRESS 601 Brentwood Clayton	23c. DATE SIGNED 1-18-50
--	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/21/50	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
--	-----------------------------	--	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 20 1950 Herbert A. Womby	25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein & Sons	ADDRESS 7027 Gravois
--	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

4522

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.....

Francis J. Swann

Licensed Embalmer No. 2245

P. O. Address St. Louis, 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.