

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22043**
5363

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 <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3428^a Iowa Av.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3428^a Iowa Av.</u>				d. STREET ADDRESS (If rural, give location) <u>3428^a Iowa Av.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>		b. (Middle) <u>Christina</u>		c. (Last) <u>Stahl</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>May 20 1860</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months _____		IF UNDER 4 HRS. Hours _____		Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Edwardsville Ill.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Louis Back</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Stahl</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Augusta Retz 3428^a Iowa Av.</u>			
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) <u>CHRONIC MYOCARDITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SCIRRHOSIS OF LIVER.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs.</u> <u>8 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? <u>#22</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>MAR 73, 1950</u> , to <u>JUNE 18, 1950</u> , that I last saw the deceased alive on <u>JUNE 17, 1950</u> , and that death occurred at <u>3⁰⁰</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Roman Johnson MD</u>				23b. ADDRESS <u>4500 Virginia Ave</u>		23c. DATE SIGNED <u>6-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>19 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Jasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>With Bros. L & M. 2929 S. Jefferson</u>			

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

Witt

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 _____

Harold B. Witt

Licensed Embalmer No. *4353*

P. O. Address *2929 S. Jefferson*

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.