

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1950

22044

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5780**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 275 N. Union Blvd		d. STREET ADDRESS (If rural, give location) 275 N. Union Blvd	
3. NAME OF DECEASED (Type or Print) a. (First) MAE b. (Middle) RUTH c. (Last) STAHL		4. DATE OF DEATH (Month) (Day) (Year) 7 3 50	
5. SEX female	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Wid.	8. DATE OF BIRTH June 4; 1876
9. AGE (In years last birthday) 74	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo.
13a. FATHER'S NAME Morris Jacks		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) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Dr. P. D. Stahl		ADDRESS 275 N. Union	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart - Block INTERVAL BETWEEN ONSET AND DEATH 6 mos ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerotic Ht. Dis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension INTERVAL BETWEEN ONSET AND DEATH 6 mos	
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) No.	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H2O	
22. I hereby certify that I attended the deceased from 1/81 , 19 50 , to 7/3 , 19 50 , that I last saw the deceased alive on 7/3 , 19 50 , and that death occurred at 9:50 m., from the causes and on the date stated above.			
23a. SIGNATURE Arthur E. Stahl		23b. ADDRESS M.O. 539 N. Grand.	
23c. DATE SIGNED 7/3/50			
24a. BURIAL, CREMATION, REMOVAL, (Specify) Cremeration	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Valhalla	24d. LOCATION (City, town, or county) (State) St. Louis Co Mo.
DATE RECD BY LOCAL REG. JUL 4 1950	REGISTRAR'S SIGNATURE J. B. Rosater	FUNERAL DIRECTOR'S SIGNATURE Wray ADDRESS 4356 Lindell	

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 Me

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Student Embalmer

Signed Gay W. Wilkins

Licensed Embalmer No. 3578

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.