

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22230

State File No.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 3068

Registrar's No. 1546

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Maplewood</u> c. LENGTH OF STAY (In this place) <u>8 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maplewood</u> # <u>4534</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2605 Roseland Terrace</u>		d. STREET ADDRESS (If rural, give location) <u>2605 Roseland Terrace</u>	
3. NAME OF DECEASED a. (First) <u>Alphonsus</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Stuel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/21/1899</u>
9. AGE (In years) (last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>	11. BIRTHPLACE (State or foreign country) <u>Ottawa, Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Foundry</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Oscar Stuel</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Angus</u>	14. NAME OF HUSBAND OR WIFE <u>Heckle</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>327-07-1906</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Heckle Stuel 2605 Roseland Terrace</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>Congestive Heart Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Myocarditis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>	
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) _____ m.		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 <u>4/11</u> , 19 <u>50</u> , to <u>May 28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 20</u> , 19 <u>50</u> and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. Magarin</u> (Degree or title)		23b. ADDRESS <u>Mad. 1511 E. Pruney</u>	
23c. DATE SIGNED <u>6/15/50</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/31/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>6-22-50</u>		REGISTRAR'S SIGNATURE <u>Herbert C. Wombey</u>	
FURNERAL DIRECTOR'S SIGNATURE <u>Chas M. Suck</u>		ADDRESS <u>East St. Louis</u>	

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

Comer advised of Dr. Mogowan's signature. Originally
referred to HD by Comer as a death w/o need at
RCH

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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address E. St. Louis 300

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.