S. No. 300
v. 10.48

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

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28716
Registrar's No. 7064

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (In this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Affton Rural 4840
d. STREET ADDRESS (If rural, give location): Route 14 Tesson Ferry Road

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): ---
c. (Last): Stuenkel (Stunkel)

4. DATE OF DEATH (Month) (Day) (Year): August 19 1950

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 2

8. DATE OF BIRTH: March 2,1900

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. 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): St.Louis County,Missouri.

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: George Stuenkel

13b. MOTHER'S MAIDEN NAME: Elizabeth Bauer

14. NAME OF HUSBAND OR WIFE: Robert Mantey (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: George Stuenkel Rt.14,Affton,Mo.

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): Carcinoma of thyroid — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid 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.*: None

19a. DATE OF OPERATION: Sept 48

19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma of thyroid

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 194X

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Aug 19, 1950, *that I last saw the deceased alive on* Aug 18, 1950, *and that death occurred at* 12:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE GOLDFARB (Degree or title): Alvin Goldfarb, M.D.

23b. ADDRESS: 634 N. Grand

23c. DATE SIGNED: 8/19

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug.22,1950

24c. NAME OF CEMETERY OR CREMATORY: Mt.Hope Mausoleum

24d. LOCATION (City, town, or county) (State): 1200 Lemay Ferry Rd.Lemay,Mo.

DATE REC'D BY LOCAL REG. AUG 21 1950

REGISTRAR'S SIGNATURE: J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.Hoffmeister U.&.L.Co. 7814 S.Broadway

(Licensed Embalmer's Statement on Reverse Side)

634 N Broad
University Clk Bldg
Lu 3400

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 Harry J Schoenacker

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.