No. 300
10-48

FILED DEC 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39457

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2779

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BRIDGETON St Louis 21
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Halls Ferry Memorial Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY 81 20
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hecker
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Margaret c. (Last) Stahlheber.

4. DATE OF DEATH (Month) (Day) (Year) 11 - 16 - 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH 11-24-1868
9. AGE (In years last birthday) 81 — 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY ——
11. BIRTHPLACE (State or foreign country) HECKER Ill
12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME CHRISTIAN Hepp
13b. MOTHER'S MAIDEN NAME Margaret Linck
14. NAME OF HUSBAND OR WIFE Henry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Zella Thissell ADDRESS 5132 Waterman

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) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-vascular disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS (1) Multiple decubiti — 332X
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332X
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?

22. *I hereby certify that I attended the deceased from* Jan 7, 1950, *to* Nov 16, 1950, *that I last saw the deceased alive on* Nov 14, 1950, *and that death occurred at* 6:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lewis Littmann MDC
23b. ADDRESS 8231 Clayton
23c. DATE SIGNED 11

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-18-50
24c. NAME OF CEMETERY OR CREMATORY Hecker City
24d. LOCATION (City, town, or county) (State) Hecker Illinois

DATE REC'D BY LOCAL REG. 11/18/50
REGISTRAR'S SIGNATURE Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 4164 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Peter B. Dubouillet

Signed.....
Student Embalmer

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, M

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.