

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42874

State File No.

FILED JAN 13 1951

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1002 Registrar's No. 11280

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269

d. FULL NAME OF HOSPITAL OR INSTITUTION I45I Dodier St. d. STREET ADDRESS (If rural, give location) I45I Dodier St.

3. NAME OF DECEASED (Type or Print) a. (First) John H. b. (Middle) Stahl c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) Dec. 30th 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Sept. 20th, 1862 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 88

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Concordia, Mo. 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Louis Stahl 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Mathilda Stahl

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. No 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Connell (Daughter) 18 Whitehall

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Hours

ANTECEDENT CAUSES Myocardial Infarction DUE TO (b) Arteriosclerosis DUE TO (c) Heart Disease

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0 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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4500

22. I hereby certify that I attended the deceased from April 1862 to 30 Dec 1950, that I last saw the deceased alive on 20 Dec 1950, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Henry G. Centerhoff MD (Degree or title) 23b. ADDRESS 634 W Grand 23c. DATE SIGNED Jan 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 2nd, 1951 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JAN 2 1951 REGISTRAR'S SIGNATURE J. B. Crocker 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kraeger-Voss, Inc. 3402 N. Kingshighwa

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

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.