

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3023

State File No.

556

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS, MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PAUL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>ST. LOUIS, MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE C.</u> b. (Middle) <u>STAHLSCHMIDT</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17, 1951</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>JUNE 6, 1878</u>		9. AGE (In years last birthday) <u>72</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>REAL ESTATE</u>		11. BIRTHPLACE (State or foreign country) <u>ST. PAUL MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>JOHN J. STAHLSCHMIDT</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>CLEMENCE I. STAHLSCHMIDT</u> <u>4125 N. NEWSTEAD AVE.</u>		
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 ADDRESS <u>BODIE L. STAHLSCHMIDT 4125 N. NEWSTEAD</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES <u>Arterio Sclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>None</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>321X</u>			
22. I hereby certify that I attended the deceased from <u>May, 1950</u> , to <u>Jan 17, 1951</u> , that I last saw the deceased alive on <u>1-16, 1951</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>5899 Delmar</u>		23c. DATE SIGNED <u>1/18/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 20, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. PAUL, MISSOURI</u>		
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 19 1951</u> <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SULLIVAN BROS., 2840 N. EUCLID AVE</u>					

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.