

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3030

State File No.

FILED FEB 6 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 849

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>25</u> years	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>5646 Vernon Ave.</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
f. STREET ADDRESS <u>5646 Vernon Ave.</u>		g. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flora</u> b. (Middle) <u>A.</u> c. (Last) <u>Stehle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24, 1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 24, 1877</u>
9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Quincy, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John F. Burnside</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Tonner</u>		14. NAME OF HUSBAND OR WIFE <u>Louis H. Stehle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Alfred A. Twitt</u>		ADDRESS <u>5646 Vernon Av</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>Massive Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>SUICIDE</u> HOMICIDE	
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>H#3X</u>		22. I hereby certify that I attended the deceased from <u>Jan 24, 1951</u> , to <u>Jan 24, 1951</u> , that I last saw the deceased alive on <u>Jan 24, 1951</u> , and that death occurred at <u>7:30P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. H. W. Clark</u>		23b. ADDRESS <u>864 Hamilton Blvd St. Louis 12, Mo</u>	
23c. DATE SIGNED <u>1-26-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1/27/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harbold.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 27 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Farnsworth</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>1905 Union Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. Fred Clark (1-3)

864 Hamilton

Patent of R. W. J. Sargent
was made to make
emergency call. His
office notified and I
agreed to certify.

Frederic W. Deakin
1-26-51

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.....

Albert A. Thompson

Signed.....

Student Embalmer

Licensed Embalmer No. 4237

P. O. Address St Louis

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.