

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5744

State File No.

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weldon Spring</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weldon Spring,</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Weldon Spring</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>John</u> c. (Last) <u>Stumberg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-- 26-- 51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 25, 1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Days <u>1</u> IF UNDER 1 HR. Hours <u>1</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work depending on nature of working life, even if retired) <u>Merchant Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Mdse</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>					

13a. FATHER'S NAME <u>Fred Stumberg</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Ann M. Stumberg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>488-05-0652</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clyde Stumberg St. Charles, Mo.</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>Coronary Thrombosis & atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>9-ly. arterio-sclerosis.</u>		<u>10 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 2/26/ 1951, to 2/26/ 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. A. Keithly M.D.</u>		23b. ADDRESS <u>106 So. Main St. St. Charles, Mo</u>		23c. DATE SIGNED <u>2/27/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>3-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walhalla</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>	

DATE REC'D BY LOCAL REG. <u>Mar 2-51</u>		REGISTRAR'S SIGNATURE <u>E. A. Keithly</u> <u>280</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marion Murrison, Westgate</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE NO. 4

MAR 3 1951

RECEIVED

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 *Mavis Muschany* _____

Licensed Embalmer No. *24610* _____

P. O. Address *Wentzville 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.