

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10675

318

1003

1997

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo</i>		c. LENGTH OF STAY (In this place) <i>33 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Barnes Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>4631 Varrelman</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>LaBETTA</i>		b. (Middle) <i>HELEX</i>		c. (Last) <i>STOCKGLAUSER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>2 - 27 - 51</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept. 16, 1907</i>	9. AGE (In years last birthday) <i>43</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>St. Louis, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Wm. C. Stockglausner</i>		13b. MOTHER'S MAIDEN NAME <i>Laura Herthel</i>		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Wm. G. Stockglausner-4326 Tyrolean</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary embolus</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Brain tumor, frontal lobe</i> DUE TO (c) <i>left lobe</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1/2 hour</i> <i>10-12 mo.</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>193X</i>			
22. I hereby certify that I attended the deceased from <i>1-25, 1951</i> , to <i>2-27, 1951</i> , that I last saw the deceased alive on <i>2-27, 1951</i> , and that death occurred at <i>10:00 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>JR Bradley</i> (Degree or title) <i>M.D.</i>				23b. ADDRESS <i>BARNES HOSPITAL</i>		23c. DATE SIGNED <i>2/28/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/3/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>N. St. Marcus Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wacker-Helders 3634 Gravois Ave.</i>					

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.....

Frank J. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No.....

[Signature]

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.