

NO. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34127

FILED OCT 15 1957

State File No. _____

BIRTH NO. _____ REG. DIST. NO. ¹⁵⁹ PRIMARY REG. DIST. NO. ⁴²⁴⁹ Registrar's No. ²⁵

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY OR TOWN <u>Rollingwood</u>	c. LENGTH OF STAY (in this place) <u>18 MONTHS</u>	c. CITY OR TOWN <u>RURAL ROCK TOWNSHIP 0500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR KIMMSWICK MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISA</u> b. (Middle) <u>STUMPF</u> c. (Last) <u>STUMPF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 1 1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>SEPT 27. 1862</u>
9. AGE (In years last birthday) <u>87</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>OTTO STUMPF</u>		13b. MOTHER'S MAIDEN NAME <u>FRIEDA HABERLAND</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</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 ADDRESS <u>LENA RAUTH KIMMSWICK 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of old age.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis, 2 years.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 months.</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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1950, to Oct 1, 1957, that I last saw the deceased alive on 9-26, 1957, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell, M.D.</u>	23b. ADDRESS <u>Desoto, Mo</u>	23c. DATE SIGNED <u>10-3-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>	24b. DATE <u>OCT 4. 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OLD PICKERS Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert J. General Home Superint. MO</u>	
DATE REC'D BY LOCAL REG. <u>10-3-57</u>	REGISTRAR'S SIGNATURE <u>Kathleen Marston</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

18-8-01
DATE RECEIVED 10-8-81
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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 Arthur W. Heuleytag

Licensed Embalmer No. 3172

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.