

FILED NOV 8 1951

## STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

35651

9619

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 <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY at this place <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2019</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>3646 Loughborough Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Helen</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Stoehr</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>June 26, 1886</b>	
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		4. DATE OF DEATH <b>Oct. 29 1951</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash R. R.</b>			11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Max F. Stoehr</b>					
13b. MOTHER'S MAIDEN NAME <b>Antonia Franke</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. <b>702-05-0079</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Fred Stoehr, 6236 Arendes Dr.</b>			
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) <b>Carcinoma of Parathyroid Gland</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>29</b>
19a. DATE OF OPERATION <b>29 Oct 51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Wide local &amp; vein invasion</b>					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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>195X</b>			
22. I hereby certify that I attended the deceased from <b>29 Sep, 1951</b> to <b>29 Oct, 1951</b> , that I last saw the deceased alive on <b>29 Oct, 1951</b> , and that death occurred at <b>12:00</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. Bowersox M.D.</b>				23b. ADDRESS <b>4500 Olive</b>		23c. DATE SIGNED <b>30 Oct 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov. 1, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Affton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 3 1951</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>C. Hoffmeister Colonial Mortuary 646 Chippewa St. St. Louis, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

Dr. Warren Bowersox  
4500 Olive St.,  
1:00 PM

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

*Harold J. Schumacher*

Licensed Embalmer No.

*2679*

P. O. Address

*7814 1/2 Broadway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.