

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH35662  
1003 State File No. 9026  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri)  c. LENGTH OF STAY (in this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri  b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169  d. STREET ADDRESS (If rural, give location) ADDRESS 4207a Humphrey 0			
3. NAME OF DECEASED (Type or Print) a. (First) OTTO		b. (Middle)		c. (Last) STUMPF		4. DATE OF DEATH (Month) (Day) (Year) OCT. 11 1951	
5. SEX MA		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 13 1892	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY TERMINAL		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME OTTO STUMPF		13b. MOTHER'S MAIDEN NAME UNK.		14. NAME OF HUSBAND OR WIFE LOUISA STUMPF	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louisa Stumpf 4207a Humphrey			
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) Aspiration Pneumonia  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. Benign Prostatic Hypertrophy Arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH	
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR? HAIL			
22. I hereby certify that I attended the deceased from 10-4-51, 19__, to 10-11-51, 19__, that I last saw the deceased alive on 10-11-51, 19__, and that death occurred at 5:50 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul Smith (M.D.)		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 10-12-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/15/51		24c. NAME OF CEMETERY OR CREMATORY NEW ST MARCUS		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
DATE REC'D BY LOCAL REG. OCT 1 1951		REGISTRAR'S SIGNATURE Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE SCHUMACHER		ADDRESS 3013 MER.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision,

Student .....  
Student Embalmer

Signed.....

*Jack Haupt*

Licensed Embalmer No. *4746*

P. O. Address *St Louis*

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.