

FILED JAN 10 1952

STANDARD CERTIFICATE OF DEATH

43449
 State File No. 11150

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11150

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>2179</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3846 LAFAYETTE AVE</u>	
e. STREET ADDRESS <u>3846 LAFAYETTE AVE</u>		f. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>WOHL</u> c. (Last) <u>STADTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 15 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 24 1877</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <u>AUSTRIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>MAGALENA SELLER</u>	14. NAME OF HUSBAND OR WIFE (DECEASED) <u>VALENTINE WOHLSTADTER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE WOHLSTADTER</u>	ADDRESS <u>3448</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis - Myocarditis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	3. DUE TO (b) <u>Arteriosclerosis</u>	4. DUE TO (c) <u>Diabetes Mellitus</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>260X</u>
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22. I hereby certify that I attended the deceased from 4/10, 1950, to 12/15, 1951, that I last saw the deceased alive on 12/15, 1951, and that death occurred at 6:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dennis M. D. D.</u>	(Degree or title)	23b. ADDRESS <u>3460 Gignou</u>	23c. DATE SIGNED <u>12/17/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>DEC 19 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PRK.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS. MO.</u>
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DATE REC'D BY LOCAL REG. <u>DEC 17 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kates</u>	ADDRESS <u>2906 Gravois</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James E. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Harris*

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.