

MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11010

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 457

1. PLACE OF DEATH a. COUNTY St. Louis		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 Ferguson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Halls Ferry Memorial Home		d. STREET ADDRESS (If rural, give location) 1784 Mississippi	

3. NAME OF DECEASED (Type or Print) a. (First) Peter b. (Middle) _____ c. (Last) Stamm			4. DATE OF DEATH (Month) (Day) (Year) 2/19/52		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/10/1860	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Frieda	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Marcella Burns-1784 Mississippi	

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease, unknown		
	DUE TO (c) Left hemiplegia old 2) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS (1) Left hemiplegia old 2) Hypertension Conditions contributing to the death but not related to the disease or condition causing death. 3) deafness			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4200	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"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Dec 26, 1951**, to **Feb 19, 1952**, that I last saw the deceased alive on **Feb 12, 1952**, and that death occurred at **4:00a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leona Litzman		23b. ADDRESS MD 08231 Clayton Rd (17)		23c. DATE SIGNED 2/20/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/21/52	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	

DATE REC'D BY LOCAL REG. 2-20-52	REGISTRAR'S SIGNATURE Herbert R. Dombke	25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helders	ADDRESS 3634 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4009
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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 _____

Licensed Embalmer No. 2675

P. O. Address St. Louis

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.