

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22708
Registrar's No. 4723

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 22708		Registrar's No. 4723					
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis c. LENGTH OF STAY (in this place) 55 year d. FULL NAME OF HOSPITAL OR INSTITUTION 6706 Lansdowne Avenue				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) St. Louis 2039 d. STREET ADDRESS (If rural, give location) 6706 Lansdowne Avenue 0									
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) T. c. (Last) STOLZE		4. DATE OF DEATH (Month) (Day) (Year) May 21, 1952		5. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Feb. 19, 1883		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber (retired)				10b. KIND OF BUSINESS OR INDUSTRY Hair-cutting		11. BIRTHPLACE (State or foreign country) Columbia, Illinois /			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Theodore Stolze			13b. MOTHER'S MAIDEN NAME Emma Deininger			14. NAME OF HUSBAND OR WIFE Carrie Fischer Stolze							
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 ADDRESS Mrs. Carrie Stolze 6706 Lansdowne Avenue								
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Arteriosclerosis</i> ANTECEDENT CAUSES <i>Heart of Arteriosclerosis with coronary atherosclerosis</i> DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS <i>Diabetes Mellitus - type 2 with complications</i> Conditions contributing to the death but not related to the disease or condition causing death.</p>								INTERVAL BETWEEN ONSET AND DEATH 3 years			
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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Dec 1, 1950, to May 20, 1952 that I last saw the deceased live on May 17, 1952, and that death occurred at 3:00 a.m., from the causes and on the date stated above.						21f. HOW DID INJURY OCCUR? _____ 4201							
23a. SIGNATURE <i>John W. Williams M.D.</i>				23b. ADDRESS <i>3201 S. 50th St. St. Louis, Mo.</i>		23c. DATE SIGNED <i>5-21-52</i>							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal <input checked="" type="checkbox"/>		24b. DATE <i>5-29-52</i>		24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri							
DATE REC'D BY LOCAL REG. MAY 22 1952		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Beiderwieden F.H. 1936 St. Louis Avenue</i>									

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 John J. Krupar

Licensed Embalmer No. 3497

P. O. Address 1936 St. Lane

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.