

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3802

FILED FEB 3 1953

State File No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

0873

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo 2209	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3103 a Lismore St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) Mary b. (Middle) Agnes c. (Last) Stamm	
4. DATE OF DEATH (Month) (Day) (Year) 1 21 53		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	
8. DATE OF BIRTH 5-27-1883		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Peter Stamm		13b. MOTHER'S MAIDEN NAME Mary Vonderburg	
14. NAME OF HUSBAND OR WIFE Single		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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Theresa Stamm 3103 a Lismore	
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) <i>Heart & Incompetency</i> ANTECEDENT CAUSES DUE TO (b) <i>Multiple Neuritis</i> DUE TO (c) <i>Arterio Sclerosis - Myocardia</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 300.7		22. I hereby certify that I attended the deceased from Jan 5, 1952, to Jan 23, 1953, that I last saw the deceased alive on Jan 23, 1953, and that death occurred at 5:00 p.m. from the causes and on the date stated above.	
23a. SIGNATURE E. S. Schweininger, M.D.		23b. ADDRESS 4470 Natural Bridge	
23c. DATE SIGNED 1-24-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-27-53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) St. Louis, Mo		24e. (State)	
DATE REC'D BY LOCAL REG. JAN 26 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodhart-Goodhart 2228 St. Louis, Av	

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 S. Rennek
Licensed Embalmer No. *4194*
P. O. Address *St. Louis, Mo.*

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.