

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10364**

No. 300
10. 48
FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **10**

1500
4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jefferson		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 Hillsboro		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199	
c. LENGTH OF STAY (In this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 4149 A. Maryland Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) MARY c. (Last) STOLTE			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 23, 1876		9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Madison Co. Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Ahrend Engelman		13b. MOTHER'S MAIDEN NAME Caroline Knoche		14. NAME OF HUSBAND OR WIFE Julius Stolte	
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. 496-28-8565		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Julius Sickbert, Edwardsville	

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) Cerebral thrombosis with left hemiplegia. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis. 1 year + DUE TO (c) Generalized arteriosclerosis 1 year +			INTERVAL BETWEEN ONSET AND DEATH 5 days
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) 332 X	
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 **Feb. 23, 1953** to **Feb. 28, 1953**, that I last saw the deceased alive on **Feb. 25, 1953**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.		23b. ADDRESS Desoto, Mo		23c. DATE SIGNED 3-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 3, 1953		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Edwardsville Ill.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weber Funeral Home Edwardsville			
DATE REC'D BY LOCAL REG. 3-5-53		REGISTRAR'S SIGNATURE Richard Marsden		141-0	

DATE RECEIVED
HILLSBORO, MASSACHUSETTS
JEFFERSON COLLEGE
DEPT.
MAR 14 1953

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 _____

Samuel B. D'Amico

Licensed Embalmer No. 4104

P. O. Address Deleat 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.