.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15365

State File No. .....

FILED MAY 4 1953

BIRTH NO. ..... REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 100

0923
1

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

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (in this place): 6 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 905 Kingshighway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN: St. Charles
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 905 Kingshighway

0923
0

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle):
c. (Last): STAHLHUT

4. DATE OF DEATH (Month) April (Day) 30 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 7, 1895
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Madison County, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry H. Stahlhut
13b. MOTHER'S MAIDEN NAME: Christina Rathist
14. NAME OF HUSBAND OR WIFE: Malinda Neunsher Stahlhut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Malinda Stahlut, St. Charles, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma of Stomach — 2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Emphysema, pulmonary, senile

19a. DATE OF OPERATION: Aug. 21, 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach 151 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 28 *19*52, *to* April 30, *19*53, *that I last saw the deceased alive on* April 30, *19*53, *and that death occurred at* 4:50 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. A. Reeves M.D.
23b. ADDRESS: 207 N. FIFTH ST. ST. CHARLES, MO.
23c. DATE SIGNED: May 1, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 2, 1953
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Mausoulium
24d. LOCATION (City, town, or county) (State): Edwardsville, Ill.

DATE REC'D BY LOCAL REG.: May 1, 1953
REGISTRAR'S SIGNATURE: Fannie Hamilton 28.4-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hackmann Bane, St. Charles, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address St. Charles, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.