

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 10 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1536

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights 4485	
c. LENGTH OF STAY (in this place) Years		d. STREET ADDRESS (If rural, give location) 1026 Yale Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1026 Yale Avenue		d. STREET ADDRESS (If rural, give location) 1026 Yale Avenue	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) LOUISE	b. (Middle) CECILE	c. (Last) STINSON	6	1	1953

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/21/1881	9. AGE (In years) (Last birthday) 72	IF UNDER 1 YEAR Months 1	IF UNDER 1 YEAR Days 10	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Switzerland 5	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Mottier	13b. MOTHER'S MAIDEN NAME Rosalie Uggli	14. NAME OF HUSBAND OR WIFE John C. Stinson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John C. Stinson	ADDRESS 1026 Yale Avenue
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6/1/53, 19, to 6/1/53, 19, that I last saw the deceased alive on 6/1/53, 19, and that death occurred at 10:15P m., from the causes and on the date stated above.

23a. SIGNATURE J.E. Williamson	(Degree or title) M.D.	23b. ADDRESS 6336 Clayton Road	23c. DATE SIGNED 6/2/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/1/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri
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DATE REC'D BY LOCAL REG. 6-3-53	REGISTRAR'S SIGNATURE Herbert R. Danbolt	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Road	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

Ernest W. Spiller

Signed.....

Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address.....

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

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