No. 300
10-48

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

FILED JUL 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22619

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 146

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): 28 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Pattonville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Ludlow Ave-Robertson, Mo. R#2

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): William
c. (Last): Stump

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 3, 18, 1896
9. AGE (In years last birthday): 56 — If under 1 year: Months 2, Days 8 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Structural Steel Wker
10b. KIND OF BUSINESS OR INDUSTRY: Fruin-Coln Co.
11. BIRTHPLACE (City and State or Foreign Country): Pickneville, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: David Stump
13b. MOTHER'S MAIDEN NAME: Elizabeth Molley
14. NAME OF HUSBAND OR WIFE: Alline Stump
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: 489-18-1476
17. INFORMANT'S SIGNATURE OR NAME: Alline Stump — ADDRESS: Robertson, Mo. R#2

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) Gangrene of jejunum + Colon — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Embolism of mesenteary arteries — 4 days
DUE TO (c) Rheumatic Heart Disease & Mitral Stenosis — 10 years

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: 410X
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* Aug. 20, 1952, *to* June 26, 1953, *that I last saw the deceased alive on* June 26, 1953, *and that death occurred at* 6:18 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. A. Reuss (Degree or title) M.D.
23b. ADDRESS: 207 N. 5th St. St. Charles, Missouri
23c. DATE SIGNED: 6-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-29-1953
24c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cemetery
24d. LOCATION (City, town, or county) (State): Pattonville, Mo.

DATE REC'D BY LOCAL REG.: June 30 1953
REGISTRAR'S SIGNATURE: Jamie Hamilton
25. FUNERAL DIRECTOR'S SIGNATURE: Baumann Bros — ADDRESS: 2504-Woodson Rd- Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 7

STATEMENT BY LICENSED EMBALMER

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

by me, or by Me, Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 303

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.