

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30460

State File No. ....

7658

FILED AUG 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY          |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> |  | c. LENGTH OF STAY (In this place)  | c. CITY OR TOWN <b>ST. LOUIS</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6116 ETZEL AVE</b>                                 |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                  |
|   |  | e. STREET ADDRESS (If rural, give location)<br><b>6116 ETZEL AVE</b>   |                                  |

|                                     |                        |                       |                             |  |
|-------------------------------------|------------------------|-----------------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>META</b> | b. (Middle) <b>C.</b> | c. (Last) <b>STOELTING.</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>AUG. 4, 1953</b> |
|-------------------------------------|------------------------|-----------------------|-----------------------------|--|

|                      |                               |  |                                       |   |                        |                       |      |
|----------------------|-------------------------------|--|---------------------------------------|---|------------------------|-----------------------|------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b> | 8. DATE OF BIRTH <b>Dec. 11, 1866</b> | 9. AGE (In years last birthday) <b>86</b> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | Min. |
|----------------------|-------------------------------|--|---------------------------------------|---|------------------------|-----------------------|------|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Practical Nurse</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <b>Shedogyan County, Wisconsin</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|-----------------------------------|---|---|

|  |  |                                      |
|--|--|--------------------------------------|
| 13a. FATHER'S NAME <b>William Stoelting.</b> | 13b. MOTHER'S MAIDEN NAME <b>Louisa Smith.</b> | 14. NAME OF HUSBAND OR WIFE<br>- - - |
|--|--|--------------------------------------|

|  |                                     |   |
|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss. Amelia B. Stoelting. 6116 Etzel Ave.</b> |
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|---|--|--------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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                |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  |  | DUE TO (b) <b>Coronary Sclerosis</b> |  |                                  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (c) <b>Arterio Sclerosis</b>  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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)<br><b>4201</b> |
|--|--|--|

|   |  |                            |
|---|--|----------------------------|
| 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:48 P.** m., from the causes and on the date stated above.

|  |                                |                                |
|--|--------------------------------|--------------------------------|
| 23a. SIGNATURE <b>Patrick C. Taylor</b> (Degree or title) <b>Coroner</b> | 23b. ADDRESS <b>1300 Clark</b> | 23c. DATE SIGNED <b>8.5.53</b> |
|--|--------------------------------|--------------------------------|

|  |                           |  |  |
|--|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b> | 24b. DATE <b>8-5-1953</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory.</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b> |
|--|---------------------------|--|--|

|  |   |   |
|--|---|---|
| DATE REC'D BY LOCAL REG. <b>AUG 5 1953</b> | REGISTRAR'S SIGNATURE <b>W. C. R. Lupton &amp; Sons</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>7233 Delmar Blvd.</b> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 4 1959

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 Pat Embalmer, Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wm C. Ham  
7233 Illinois B  
Licensed Embalmer No. ....

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.