THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34114

BIRTH NO. 57259 FILED SEP 24 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7872

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY 2209
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0
d. STREET ADDRESS (If rural, give location) 3001a No. 23rd. St/ 7 20

3. NAME OF DECEASED (Type or Print)
a. (First) Baby
b. (Middle) Thomas
c. (Last) Joseph Stamper

4. DATE OF DEATH (Month) (Day) (Year) 8- 8- 53

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ---- 0

8. DATE OF BIRTH 8- 8- 53

9. AGE (In years last birthday) If under 1 year: Months – Days – If under 24 hrs.: Hours 6 Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0

12. CITIZEN OF WHAT COUNTRY? -

13a. FATHER'S NAME Carl James Stemper

13b. MOTHER'S MAIDEN NAME Bernadine Louise Huke

14. NAME OF HUSBAND OR WIFE ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --- (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. --

17. INFORMANT'S SIGNATURE OR NAME Bernadine Stamper ADDRESS 3001a N. 23rd St

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) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None apparent
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) 776X (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* 8/8, 1953, *to* 8/8, 1953, *that I last saw the deceased alive on* 8/8, 1953, *and that death occurred at* 8 00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Matt H Backer Jr. D.O.

23b. ADDRESS 1325 S. Grand - St. L

23c. DATE SIGNED 8/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE AUG. 11, 1963

24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEM.

24d. LOCATION (City, town, or county) ST. LOUIS, MO. (State)

DATE REC'D BY LOCAL REG. AUG 12 1953

REGISTRAR'S SIGNATURE J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Suedmeyer & Sons ADDRESS 3934 N. 20th St.

MJB

(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.....

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

working under my personal supervision.

Not Embalmed

Student ..... Student Embalmer

Signed Gustav W. Dietel

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

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.