

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44494
11999

FILED JAN 5 1954

State File No. 44494
Registrar's No. 11999

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (In this place) 48 yrs. | | e. STREET ADDRESS (If rural, give location) 17 4159 Flad Avenue | | 21790 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4159 Flad Avenue | | | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) CHRISTIAN c. (Last) STOLL | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1953 | | |
| 5. SEX 0 Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | |
| 8. DATE OF BIRTH Dec. 27, 1880 | | 9. AGE (In years last birthday) 72 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | |
| 11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | | 10b. KIND OF BUSINESS OR INDUSTRY Confectionary | |

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| 13a. FATHER'S NAME Phillip Stoll | | 13b. MOTHER'S MAIDEN NAME Mathilda Schuette | | 14. NAME OF HUSBAND OR WIFE Single | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME Miss Hattie Stoll, 4159 Flad Ave. | |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Profound Asthma - cardiac</u> DUE TO (c) <u>Basinoma of Esophagus?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>6 mos.</u> <u>1 year</u> | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 150X | |

22. I hereby certify that I attended the deceased from Dec. 12, 1953, to Dec. 20, 1953, that I last saw the deceased alive on Dec. 19, 1953, and that death occurred at 12:25P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Elvin P. Adams</u> | | 23b. ADDRESS <u>3258 Lafayette St. Louis, Mo.</u> | | 23c. DATE SIGNED <u>Dec. 21, 1953</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE <u>Dec. 22, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Earl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S ADDRESS <u>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</u> | |

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

Dr. Elwin P. Scott,
3258 Lafayette
GR 0064

Hours 9-12 Noon

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. None working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.