

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3479**
Registrar's No. **39**

FILED JAN 14 1954

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 531		Registrar's No. 39		
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give OR TOWN University City) c. LENGTH OF STAY (in this place) 74yrs d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 726 Kingsland				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City d. STREET ADDRESS (If rural, give location) 726 Kingsland				
3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) Stoll c. (Last) Stoll			4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1954					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Nov. 14, 1879	9. AGE (In years last birthday) 74yrs		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spinster		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) St. Louis Mo.,		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Martin F. Stoll Sr.			13b. MOTHER'S MAIDEN NAME Leopolda Lenter		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-05-6560		17. INFORMANT'S SIGNATURE OR NAME Erwin Russell ADDRESS 6723 Crest				
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) Cerebral Hemorrhage 4 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic DUE TO (c) Changes. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 years +	
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. AUTOPSY? 331X		
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 Jan 1st, 1954 , to Jan 5th, 1954 , that I last saw the deceased alive on Jan 4th, 1954 , and that death occurred at 4:00 AM. , from the causes and on the date stated above.								
23a. SIGNATURE Joseph Davis (Degree or title) _____				23b. ADDRESS 406 Frisco Bldg		23c. DATE SIGNED 1-5-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 7, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
DATE REC'D BY LOCAL REG. 1-6-54		REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons ADDRESS 6175 Delmar				

(Licensed Embalmer's Statement on Reverse Side)

524

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

Dr. Jos Lario
Frisco Calif
Dec 12 76
906 Olive

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.

Student
Student Embalmer

Signed

Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Duma

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