

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **10446**  
**2631**

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) 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>City Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>10 3808 Lee Ave.,</b>			f. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 21/1954</b>
<b>3. NAME OF DECEASED</b> a. (First) <b>Joseph</b> b. (Middle) <b>A.</b> c. (Last) <b>Stahlschmidt</b> (Type or Print)			g. AGE (In years last birthday) <b>80</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 8th, 1873</b>
9. AGE (In years last birthday) <b>80</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Paul, Mo.,</b>
12. CITIZEN OF WHAT COUNTRY? _____	13a. FATHER'S NAME <b>John Stahlschmidt</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Dyer</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Stahlschmidt</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. A. Stahlschmidt</b> ADDRESS <b>3808 Lee Ave</b>	
<b>MEDICAL CERTIFICATION</b>			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b) _____ DUE TO (c) _____		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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>334 X</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 <b>12:30A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Patrick L. Taylor</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>3-23-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3/24/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>S. S. Peter &amp; Paul Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.,</b>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 28 1954</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Leidner Undertaking Co. 2223 St. Louis Av.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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.....  
Signature of Student Embalmer

Signed..... *G. W. Wilkinson*

Licensed Embalmer No..... *35*

P. O. Address..... *M. Lane*

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.