

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17310

State File No.

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4268

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		a. STATE Missouri	b. COUNTY Boone
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY OR TOWN Columbia		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		e. STREET ADDRESS (If rural, give location)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Lewis		b. (Middle) John		c. (Last) Stadler	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 12/18/19	8. DATE OF BIRTH July 6, 1896	9. AGE (In years last birthday) 57	10. MONTHS 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor Genetics		10b. KIND OF BUSINESS OR INDUSTRY Mo. University		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	

13a. FATHER'S NAME Henry Louis Stadler	13b. MOTHER'S MAIDEN NAME Josephine Erman	14. NAME OF HUSBAND OR WIFE Gornelia Tuckerman Stadler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 2nd Lt. W.W.#1	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME John B. Stadler ADDRESS 308 Thilly Columbia, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombocytopenia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hodgkins Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Post op. Splenectomy			

19a. DATE OF OPERATION 5/11/54	19b. MAJOR FINDINGS OF OPERATION Enlarged spleen	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 201x

22. I hereby certify that I attended the deceased from **April 30, 1954**, to **May 12, 1954**, that I last saw the deceased alive on **May 12, 1954**, and that death occurred at **12:55A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) FR Bradley M. D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 5/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 5-12-54	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Chapel	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. MAY 12 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Ambruster Mortuary 6633 Clayton Rd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1954 JUN 6 702

MAY 25 1954

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 No Embalming Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer

Signed R. J. Humbert.....

Licensed Embalmer No. 199

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.