

**STANDARD CERTIFICATE OF DEATH**

21328

State File No. ....

4744

Registrar's No. ....

FILED JUN 24 1954

No. 300  
10.48

BIRTH NO. 40218-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>26 2000 North Wharf</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Maggie</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Stultz</u>	(Month) <u>5</u>	(Day) <u>27</u>	(Year) <u>54</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>5 - 27 - 54</u>		
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)		11. BIRTHPLACE (City and State or Foreign Country)
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)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles Davis Stultz</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Mahan</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Ann Stultz, 2000 N. Wharf</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>injury - difficult breech delivery or asphyxiation due to</u>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Cardiac - weak - did not speak. breath for 45 min after birth -</u>				
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7600</u>		

22. I hereby certify that I attended the deceased from 5-27-1954 to 5-27-1954, that I last saw the deceased alive on 5-27-1954, and that death occurred at 8 P.M., from the causes and on the date stated above.

22a. SIGNATURE <u>Robert M. D.</u>		22b. ADDRESS <u>Firmin Desloge Hospital</u>		22c. DATE SIGNED <u>MAY 28 1954</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-28-54</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
23d. LOCATION (City, town, or county) (State)		23e. NAME OF CEMETERY OR CREMATORY		23f. LOCATION (City, town, or county) (State)	
23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		23e. NAME OF CEMETERY OR CREMATORY		23f. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>MAY 28 1954</u>		REGISTRAR'S SIGNATURE <u>Charles Smith M.D. St. Louis Funeral Home</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>2405 St. Louis</u>	

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 embal*

Student .....

Student Embalmer

Signed *B J Krasnowski*

Licensed Embalmer No. \_\_\_\_\_

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