

FILED AUG 2 - 1954

STANDARD CERTIFICATE OF DEATH

25272

State File No. ....

318

1003

Registrar's No. .... 6982

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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 town) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 4762 Bonita		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) 2 4762 Bonita 20270	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) A.	c. (Last) Stadler	4. DATE OF DEATH (Month) (Day) (Year) July 25, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 11, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Consultant	10b. KIND OF BUSINESS OR INDUSTRY Oil Company	11. BIRTHPLACE (City and State or Foreign Country) Waterloo Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Henry Stadler	13b. MOTHER'S MAIDEN NAME Mina Jahn	14. NAME OF HUSBAND OR WIFE Freda Stadler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Freda Stadler 4762 Bonita 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		5 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) disease 2 years		
11. 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 checked="" 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)
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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 443X
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22. I hereby certify that I attended the deceased from Jan, 1953, to 25 July, 1954, that I last saw the deceased alive on 23 July, 1954, and that death occurred at 2:15 A. m., from the cause and on the date stated above.

23a. SIGNATURE Roy A. Schmiemeier M.D.	23b. ADDRESS 6814 1/2 Gravois Ave.	23c. DATE SIGNED 7-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 28/54	24c. NAME OF CEMETERY OR CREMATORY Waterloo Cemetery	24d. LOCATION (City, town, or county) (State) Waterloo, Illinois
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DATE REC'D BY LOCAL REG. JUL 28 1954	REGISTRAR'S SIGNATURE Charles Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois
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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

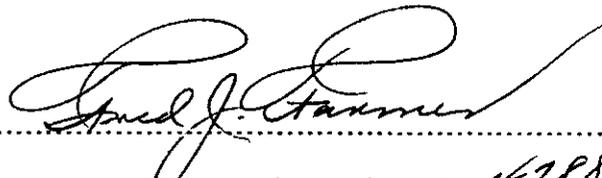
by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 4788

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.