

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32731

State File No. ....

No. 300  
10. 48

FILED OCT 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 2718

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Belridge</b>		c. CITY OR TOWN <b>Belridge</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>15 Years</b>		e. STREET ADDRESS (If rural, give location) <b>3412 Maybelle Drive, 21.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3412 Maybelle Drive, 21</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CAROLINE</b>	b. (Middle) <b>K.</b>	c. (Last) <b>STURMFELS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 1st, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 7th, 1878</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Lambert Holtmann</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Stiefeman</b>	14. NAME OF HUSBAND OR WIFE <b>Henry W. Sturfels</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry W. Sturfels, 3412 Maybelle Dr., 21.</b>	ADDRESS
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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) <b>Myocardial infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetic degeneration of arteries and arterial fibrotic</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 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?
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22. I hereby certify that I attended the deceased from May 1948, to 10-1, 1954, that I last saw the deceased alive on 9-30, 1954, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. E. Morris M.D.</b> (Degree or title)	23b. ADDRESS <b>4110 W. Flannigan Ave</b>	23c. DATE SIGNED <b>10-3-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/4/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hiram Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10/4/54</b>	REGISTRAR'S SIGNATURE <b>Herbert S. ...</b>	FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b>	ADDRESS <b>4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.</b>
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(Licensed Embalmer's Placement on Reverse Side)

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

4000

HOURS, 10:00AM to 12:00NOON  
MONDAY SURE

FILE IN ST. LOUIS COUNTY.

<sup>v</sup> 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 *John A. Mlinar*.....  
Licensed Embalmer No. *4180*.....

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.