

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3154

State File No.

318

1003

Registrar's No. 0208

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's 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) 3 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital				STREET ADDRESS (If rural, give location) 2169 16 3650a Arsenal Street					
3. NAME OF DECEASED (Type or Print) a. (First) Phil		b. (Middle) ---		c. (Last) Stortzum		4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12, 1864	9. AGE (In years last birthday) 90 yrs	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Soft Drink Co.		11. BIRTHPLACE (City and State or foreign Country) Waterloo, Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Caroline Yatho			14. NAME OF HUSBAND OR WIFE Mathilda (nee Leonhardt)			
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 Mrs. Lawrence Harrigan, 3650a Arsenal					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic ANTECEDENT CAUSES Arterio-sclerosis 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.				INTERVAL BETWEEN ONSET AND 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) (Min.) _____			
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 Dec. 31, 1954 , to Jan. 7, 1955 , that I last saw the deceased alive on Jan. 7, 1955 , and that death occurred at 11:30 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. C. ...				23b. ADDRESS 325 Frisco Bldg. St. Louis		23c. DATE SIGNED Jan. 8, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 10 1955		REGISTRAR'S SIGNATURE J. C. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6464 E. Hoffmeister Colonial Mortuary, Chippewa					

(Licensed Embalmer's Statement on Reverse Side)

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*

P. O. Address *7714 S. Broadway*

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.