

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6897**

FILED MAR 8 1955

BIRTH NO. _____		REG. DIST. NO. 117		PRIMARY REG. DIST. NO. 100		Registrar's No. 526			
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give OR TOWN Normandy) c. LENGTH OF STAY (in this place) 3 days d. FULL NAME OF HOSPITAL OR INSTITUTION Hill Top Nursing Home				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE Mo b. COUNTY _____ c. CITY OR TOWN St. Louis 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) 2079 2013a E. Adelaide Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Stein		4. DATE OF DEATH Feb. 28 1955		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 15 1878		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman			
11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Adam Stein		13b. MOTHER'S MAIDEN NAME Lena Bauer			
14. NAME OF HUSBAND OR WIFE Catherine Stein		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489 07 4574		17. INFORMANT'S SIGNATURE OR NAME Leonard Stein ADDRESS 2013 Adelaide Ave			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic carcinoma widespread ANTECEDENT CAUSES carcinoma prostate DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Gen. arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		177X			
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?					
22. I hereby certify that I attended the deceased from Dec 24, 1954 to Feb 28, 1955 , that I last saw the deceased alive on Feb 24, 1955 , and that death occurred at 5:15am. , from the causes and on the date stated above.									
23a. SIGNATURE (Deceased or title) H. H. Seesener MD				23b. ADDRESS 6000 W Florissant		23c. DATE SIGNED 3/2/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 3 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. 3/2/55		REGISTRAR'S SIGNATURE Harold Rombert		25. FUNERAL DIRECTOR'S SIGNATURE Wachholz Mortuary ADDRESS 5957 W. Florissant					

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 *W. J. Buchholz*.....

Licensed Embalmer No.....

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.