

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10252**  
**2000**

FILED MAR 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution; residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>70 yrs</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>6706 Lansdowne Ave</b>		2039	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>CARRIE</b>	a. (First)	b. (Middle)	c. (Last) <b>STOLZE</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 1, 1955</b>
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<b>5. SEX</b> female	<b>6. COLOR OR RACE</b> white	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>widow</b>	<b>8. DATE OF BIRTH</b> Sept. 3, 1884	<b>9. AGE</b> (In years last birthday) <b>70</b>	if UNDER 1 YEAR Months	if UNDER 4 HRS. Hours	if UNDER 15 MIN. Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) housewife	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> at home	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> USA
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<b>13a. FATHER'S NAME</b> John Fischer	<b>13b. MOTHER'S MAIDEN NAME</b> Mary Seitz	<b>14. NAME OF HUSBAND OR WIFE</b> John T. Stolze
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> 488-05-2987	<b>17. INFORMANT'S SIGNATURE OR NAME</b> Mrs. Hal Lewis, 6708 Lansdowne Ave.	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <i>Myocardial Infarction</i>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT</b> (Specify) <b>SUICIDE</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Garage</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> 4201
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:10 P. M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Edward E. Dyer</i>	<b>23b. ADDRESS</b> 1200 Clinch	<b>23c. DATE SIGNED</b> 3/2/55
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) removal	<b>24b. DATE</b> Mar. 4, 1955	<b>24c. NAME OF CEMETERY OR CREMATORY</b> Mt. Hope Cemetery	<b>24d. LOCATION</b> (City, town, or county) (State) St. Louis County, Missouri
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<b>DATE REC'D BY LOCAL REG.</b> MAR 3 1955	<b>REGISTRAR'S SIGNATURE</b> J. Earl Smith, M.D.	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> Beiderwieden F.H. Inc, 1936 St. Louis Ave	<b>ADDRESS</b>
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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. None working under my personal supervision.

Student None  
Signature of Student Embalmer

Signed Delis J. Krupar

Licensed Embalmer No. 34

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.