

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10262

FILED APR 14 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2995

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | |
| c. LENGTH OF STAY (In this place) <u>15 days</u> | | d. STREET ADDRESS (If rural, give location) <u>621 Fillmore St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u> | | 2019 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> | | b. (Middle) <u>J.</u> | |
| c. (Last) <u>Stuenky</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1955</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 29, 1877</u> |
| 9. AGE (In years last birthday) <u>77</u> | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 11. BIRTHPLACE (State or foreign country) <u>Trenton, Illinois</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>1</u> | | 13a. FATHER'S NAME <u>Fred W. Thalgot</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Helena M. Bassler</u> | | 14. NAME OF HUSBAND OR WIFE <u>August</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna M. Thalgot</u> | | ADDRESS <u>621 Fillmore St.</u> | |
| 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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Rheumatoid arthritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cholelithiasis</u> <u>diverticulosis of colon.</u> | |
| INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>5 years</u> <u>5 years</u> <u>20 years</u> <u>20 years</u> | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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? <u>4221</u> | |
| 22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>54</u> , to <u>April 3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 2</u> , 19 <u>55</u> , and that death occurred at <u>3:30 A. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Burchard S. Puetz M.D.</u> | | 23b. ADDRESS <u>6006 Virginia Ave</u> | |
| 23c. DATE SIGNED <u>4-3-55</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE <u>April 5, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Trenton, Illinois</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Trenton, Illinois</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. & L. Co.</u> | |
| DATE REC'D BY LOCAL REG. <u>APR 4 1955</u> | | REGISTRAR'S SIGNATURE <u>Charles Smith</u> | |
| ADDRESS <u>7814 S. Broadway</u> | | 26. (Licensed Embalmer's Statement on Reverse Side) | |

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

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Harry J. Schenacker

Licensed Embalmer No. 2679

P. O. Address 2714 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 this body is not embalmed, fact should be so stated above.