

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3211**

BIRTH NO. _____ REG. DIST. NO. **517** PRIMARY REG. DIST. NO. **541** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton c. LENGTH OF STAY (in this place) DOA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellefontaine Neighbors 4040	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute County Hospital		d. STREET ADDRESS (If rural, give location) 1133 Chambers Rd	

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) A c. (Last) Stein	4. DATE OF DEATH (Month) (Day) (Year) Jan 5 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3, 1908	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Grayville Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME A.C. Bump	13b. MOTHER'S MAIDEN NAME Jessie Buckley	14. NAME OF HUSBAND OR WIFE Harvey Stein
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harvey Stein 1133 Chambers Rd
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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, asthenia, 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) Asphyxia due to carbon monoxide poisoning.		
	ANTECEDENT CAUSES 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.			

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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garage of Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bellefontaine Neighbors Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 5, 1956 7:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-inhaled carbon monoxide

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arnold J. Guilman, Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 1-10-56
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24a. BURIAL, CREMATION REMOVAL Removal	24b. DATE 1-5-56	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Mt Carmel Ill
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DATE REC'D BY LOCAL REG. 1-6-56	REGISTRAR'S SIGNATURE Hebeck Rombe	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington
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(Licensed Embalmer's Signature on Reverse Side)

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

No. 300
10-48

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 _____
Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

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.