

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED FEB 10 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 148 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Webster Groves</u>	c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY OR TOWN <u>Webster Groves</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>880 Tuxedo</u>		e. STREET ADDRESS (If rural, give location) <u>880 Tuxedo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>CARL</u> c. (Last) <u>STADELHOFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-21-1899</u>		9. AGE (In years last birthday) <u>56</u> 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) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Flour Broker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Frederick Stadelhofer</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret D Tobin</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Stadelhofer</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W. # 1</u>	16. SOCIAL SECURITY NO. <u>511-10-7290</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mabel Stadelhofer 880 Tuxedo</u>		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undifferentiated carcinoma of lung</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>
	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. <u>Diabetes mellitus</u>			<u>3 yrs</u>

19a. DATE OF OPERATION <u>12-3-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carc. of lung with glandular involvement</u> ^{163x}			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 3-9, 1953, to 1-25, 1956, that I last saw the deceased alive on 1-9, 1956, and that death occurred at 2 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John L. Horner</u>	23b. ADDRESS <u>M.D. 114 N. Taylor St. Louis 8</u>	23c. DATE SIGNED <u>1-26-56</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-28-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-26-56</u>	REGISTRAR'S SIGNATURE <u>Hebeed K. Romberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webster Groves Mo</u>		
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(Licensed Embalmer's Placement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *Neville B. Frohwitter*.....

Licensed Embalmer No. *3696*.....

P. O. Address *15 W. Lockwood*.....

**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.**