

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3428**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **100** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) LEMAY		c. LENGTH OF STAY (In this place) 7 YEARS	c. CITY OR TOWN LEMAY 4066
d. FULL NAME OF HOSPITAL OR INSTITUTION 357 TACOMA DRIVE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS 375 TACOMA DRIVE		f. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) ADELINE	a. (First)	b. (Middle) S. W.	c. (Last) STUBENRAUCH	4. DATE OF DEATH (Month) (Day) (Year) JANUARY 11, 1956
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 4, 1864	9. AGE (In years last birthday) Months Days If UNDER 1 YEAR If UNDER 24 HRS. 91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHRISTIAN TEMME	13b. MOTHER'S MAIDEN NAME ADELINE MUELLER	14. NAME OF HUSBAND OR WIFE MARTIN J. STUBENRAUCH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS AUGUSTA NEVIS 357 TACOMA DRIVE, LEMAY, MISSOURI

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Generalized debility		3 mo
ANTECEDENT CAUSES		DUE TO (b) arteriosclerosis	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		fracture of femur	4 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500F	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)	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 Jan 1953, to Jan 1956, that I last saw the deceased alive on Jan 10, 1955, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B. Kellett	23b. ADDRESS 2627 Telegraph	23c. DATE SIGNED 1/12/56
--	---------------------------------------	------------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE JAN. 16, 1956	24c. NAME OF CEMETERY OR CREMATORY ZION CEMETERY	24d. LOCATION (City, town, or county) (State) 7401 ST. CHARLES ROCK ROAD
--	-----------------------------------	--	--

DATE REC'D BY LOCAL REG. 1-13-56	REGISTRAR'S SIGNATURE Hebert R. Nornbe, M.D.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOFFMEISTER U. & L. CO. 7814 SO. BROADWAY ST. LOUIS, MO.
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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 *Harry J. Schumacher*.....
Licensed Embalmer No. *2678*.....

P. O. Address *38 N. 6th*.....

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.