

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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**11471**

XC-15 861 320

Reg. 15499 **FILED APR 6 - 1956**

State File No. ....

BIRTH NO. SL-1017 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3115

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>915 N. GRAND, ST. LOUIS, MO.</u> c. LENGTH OF STAY (In this place) <u>22 1/2</u> HOURS d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>WASHINGTON</u>  c. CITY OR TOWN <u>ASHLEY</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  e. STREET ADDRESS (If rural, give location) <u>ROUTE #3</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>H.</u> c. (Last) <u>STAHLER</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>3-27-56</u>		
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>3-4-92</u>	<b>9. AGE</b> (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 10 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>FARMING</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>WASHINGTON COUNTY, ILLINOIS</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>					

<b>13a. FATHER'S NAME</b> <u>PHILIP STAHLER</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>MAY FICHENDYE</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>MAY STAHLER</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW I</u>	<b>16. SOCIAL SECURITY NO.</b> <u>UNKNOWN</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CARCINOMA OF NASOPHARYNX WITH METASTASES</u>  <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>INTERVAL BETWEEN ONSET AND DEATH</b> <u>appx. 1 yr</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Widespread Bronchopneumonia</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>146x</u>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<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 type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from 3-26-56, 1956, to 3-27-56, 1956, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>H. F. Westphaelinger</u> (Deceased or title)	<b>23b. ADDRESS</b> <u>915 N. Grand St. Louis, Missouri</u>	<b>23c. DATE SIGNED</b> <u>3-27-56</u>
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<b>24a. REMOVAL</b>	<b>24b. DATE</b> <u>3-27-56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Local</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ashley, Illinois.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>MAR 28 1956</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Carl Smith MD</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Albert H. Hoppe 4700 Washington,</u>
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(Licensed Embalmer's Statement on Reverse Side)

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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

*Robert M. Murray*

Licensed Embalmer No.....

P. O. Address .....

*St. Louis*

-Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.