

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29191

FILED SEP 6 1956

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar 7626

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>8405 Halls Ferry</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>8405 Halls Ferry</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Elizabeth (LIZZIE)</i> Middle <i>Studet</i> Last			4. DATE OF DEATH Month <i>8</i> Day <i>16</i> Year <i>1956</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>4-11-1887</i>	9. AGE (In years last birthday) <i>69</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe Worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Samuel Shoe Co.</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Henry Stickling</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Bruns</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>489-01-4313</i>	17. INFORMANT Address <i>Herbert Studt - 8405 Halls Ferry</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral accident.</i> DUE TO (b) <i>Massive Hemorrhage</i> DUE TO (c) <i>Right Pyramidal Tract.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <i>Instant.</i>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>331X</i>		
20c. TIME OF INJURY Hour a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>April 1945</i> to <i>June 1956</i> and last saw her <i>June 1956</i> alive on <i>June 1956</i> Death occurred at <i>12:45 a. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>F. J. Hellrung</i>		(Degree or title) <i>M.D.</i>	22b. ADDRESS <i>8321 No. B. Hwy</i>		22c. DATE SIGNED <i>8/16/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-20-1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cem</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>	
24. FUNERAL DIRECTOR <i>Chas Koch &amp; Son - 3516 E. 14th</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>AUG 17 1956</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	

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 *Gustav W. [Signature]* .....

Licensed Embalmer No. *13* .....

P. O. Address *St. Louis* .....

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.