

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH32435
STATE FILE NUMBER 7939
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DEACONESS Hosp.</u>		Length of stay in 1b <u>D.O.A 2898</u>		d. STREET ADDRESS <u>5696 Kingsbury</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>I SABEL</u> Middle <u>-</u> Last <u>STAHL</u>				4. DATE OF DEATH Month <u>8</u> Day <u>26</u> Year <u>56</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>MAY-23rd-1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESLADY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>EMPORIUM-Fashion-Sp.</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>CHRISTIAN DIEL</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN RAEHBERGER.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-05-7064</u>		17. INFORMANT Address <u>Richmond Hlg.</u> <u>ROY-STAHL-1740 McCredy-</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Insufficiency</u> DUE TO (b) <u>Hypertension, severe</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)						INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>5 yrs.</u>	
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.) <u>420.1</u>				
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
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		CITY <u></u> COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>18 Jan. 56</u> to <u>26 Aug 56</u> and last saw her ^{alive} on <u>25 Aug 56</u> Death occurred at <u>11:15</u> P.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Luke A. Knesel, MD</u> (Degree or title)				22b. ADDRESS <u>1506 Hodiamont Ave</u>		22c. DATE SIGNED <u>28 Aug 56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		23b. DATE <u>8-29-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA-CREMATORY</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Jay B. Smith, Maplewood, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>AUG 28 1956</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.....
H. E. Burgess

Licensed Embalmer No. *40*

P. O. Address *Maplewood*

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.