

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

318

1003

36237

STATE FILE NUMBER

9448

Registration District No. Primary Registration District No. Registrar's No.

|  |                            |   |   |                                       |  |
|--|----------------------------|---|---|---------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                            |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY |                                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN ST. LOUIS, MISSOURI   |                            | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN St. Louis   |                                       | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL  |                            |   | Length of stay in lb 1. 9/17  |                                       | d. STREET ADDRESS (If outside, give location) 1821 Alfred Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First MIDDLE Last<br>BIRDIE STAMM   |                            |   | 4. DATE OF DEATH<br>Month Day Year<br>OCT. 13, 1956   |                                       |  |
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>White  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Aug. 27, 1881   | 9. AGE (In years last birthday)<br>75 | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housework   |                            | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Mo.  |                                       | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |
| 13. FATHER'S NAME<br>August Mitchell   |                            |   | 14. MOTHER'S MAIDEN NAME<br>Pauline Wittmann  |                                       |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No None   |                            | 16. SOCIAL SECURITY NO.<br>—  | 17. INFORMANT Address<br>Dorothy Peniston 1821 Alfred Ave.  |                                       |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Congestive heart failure</i><br>DUE TO (b) <i>Arteriosclerotic heart disease</i><br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><i>Dehydration</i> |                            |   |   |                                       | INTERVAL BETWEEN ONSET AND DEATH   |
| 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.)  |   |                                       |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.  |                            | 4:20.0  |   |                                       |  |
| 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 7/16/56 to 10/13/56 and last saw her alive on 10/13/56<br>Death occurred at 2:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.  |                            |   |   |                                       |  |
| 22a. SIGNATURE (Degree or title)<br><i>Richard J. Kemme, M.D.</i>  |                            |   | 22b. ADDRESS<br>1515 LAFAYETTE AVE.   |                                       | 22c. DATE SIGNED<br>10/15/56.  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Entombment  | 23b. DATE<br>Oct. 17, 1956 | 23c. NAME OF CEMETERY OR CREMATORY<br>Valhalla Mausoleum  | 23d. LOCATION (City, town, or county) (State)<br>St. Louis Co. Mo.  |                                       |  |
| 24. FUNERAL DIRECTOR ADDRESS<br>Kriegshauser 4228 S. Kingshighway  |                            | 25. DATE RECD. BY LOCAL REG.<br>OCT 16 1956   | 26. REGISTRAR'S SIGNATURE<br><i>Carl Smith mo</i>   |                                       |  |

(Licensed Embalmer's Statement on Reverse Side)

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

00-56

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..... *Richard W. Stover*

Licensed Embalmer No. *46*

P. O. Address .....

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.