

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36240**
Registrar's No. **8498**

FILED OCT 16 1956

318

1003

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 3441 Shenandoah	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3441 Shenandoah				d. STREET ADDRESS (If rural, give location) 3441 Shenandoah			
3. NAME OF DECEASED (Type or Print) Marie		a. (First)		b. (Middle) Catherine		c. (Last) Stellos	
4. DATE OF DEATH Sept. 13, 1956		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 18, 1896	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own house		11. BIRTHPLACE (City and State or Foreign Country) Tolsen Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Klotz		13b. MOTHER'S MAIDEN NAME Albertina Forester		14. NAME OF HUSBAND OR WIFE James A. Stellos			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maria Helen Stellos 3441 Shenandoah			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis ANTECEDENT CAUSES DUE TO (b) incontinence DUE TO (c) Circulatory failure II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Bladder involvement of carcinoma				INTERVAL BETWEEN ONSET AND DEATH 1 month week months	
19a. DATE OF OPERATION 2-13-56		19b. MAJOR FINDINGS OF OPERATION diagnosible carcinoma of female origin				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 July 1955 to Sept 1956 , that I last saw the deceased alive on June 1956 , and that death occurred at 11am on Sept 13, 1956 , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert Brennan MD				23b. ADDRESS 539 No. Grand St		23c. DATE SIGNED 9-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 17, 1956		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. SEP 14 1956		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli 1150 No. Kingshighway			

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

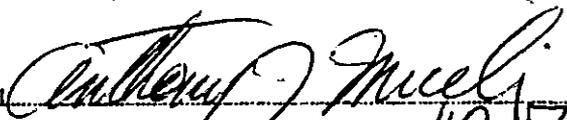
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

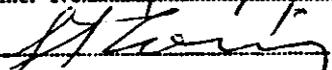
Signed _____



Licensed Embalmer No. _____

4277

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 this body is not embalmed, fact should be so stated above.