

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44891**
Registrar's No. **11750**

FILED JAN 29 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Crestwood	
c. LENGTH OF STAY (in this place) One week		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 9534 Spitz Lane	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) O. c. (Last) Stahlman		4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 3, 1885
9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months 0	11. UNDER 18 Hrs. Days 18	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance-Night Watch		10b. KIND OF BUSINESS OR INDUSTRY Nurre Glass Co.	
11. BIRTHPLACE (City and State or Foreign Country) Union, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edmund Stahlman		13b. MOTHER'S MAIDEN NAME Clara Schuster	
14. NAME OF HUSBAND OR WIFE Opal B. Stahlman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	
16. SOCIAL SECURITY NO. 499-01-7811		17. INFORMANT'S SIGNATURE OR NAME Mrs. John O. Stahlman	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular Accident ANTECEDENT CAUSES DUE TO (b) Chor. hypertension DUE TO (c) Arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chor. Myoc Strain	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x	
20. INTERVAL BETWEEN ONSET AND DEATH 11 days 10 yrs 10 yrs 3 yrs.		21. AUTOPSY? 2 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 4/2/39 , 19____, to Dec. 21, 1956 , that I last saw the deceased alive on 12/21/56 , 19____, and that death occurred at 6:55p m. , from the causes and on the date stated above.			
23a. SIGNATURE Walter H. Hofer MD (Degree or title)		23b. ADDRESS 3108 S. Grand Ave., St. L., Mo.	
23c. DATE SIGNED 12-22-56		24. BIRTH, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 24, 1956		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister ADDRESS 6464 Chippewa St., St. Louis 9, Missouri	
DATE REC'D BY LOCAL REG. DEC 24 1956		REGISTRAR'S SIGNATURE J. C. Smith MD mjs (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.....
Signature of Student Embalmer

Signed *Rich C. Dransner*.....

Licensed Embalmer No. *4764*

P. O. Address *St. Louis, Mo.*

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.