Health, Welfare Public Service

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FILED MAY -8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 15318

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4074

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN Saint Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6446 Eichelberger — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN Saint Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 6446 Eichelberger — Reside on Farm Yes ☐ X No ☐

3. NAME OF DECEASED (Type or print): First Fred — Middle Martin — Last Stamm II
4. DATE OF DEATH: Month 4 Day 29 Year 1957
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 4-12-1942
9. AGE (In years last birthday) 15 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Saint Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Fred M Stamm
14. MOTHER'S MAIDEN NAME Alice Balter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Fred M Stamm 6446 Eichelberger, St.Louis, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Death upper respiratory Infection — 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Spastic Paralysis, Polio. — All his life
DUE TO (c) Probably birth injury.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) General anesthesia Pari Plegic 475X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 1957 to April 29-1957 and last saw her/him alive on April 28-57
Death occurred at 7:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Martin J. Hazer M.D. (Degree or title) — 22b. ADDRESS 1 Oak Olive St. — 22c. DATE SIGNED 4/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation — 23b. DATE 5-1-1957 — 23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory — 23d. LOCATION (City, town, or county) St.Louis Co. (State) Mo
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary — ADDRESS 6464 Chippewa St.Louis, Mo
25. DATE RECD. BY LOCAL REG. APR 29 '57
26. REGISTRAR'S SIGNATURE J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by the Division of Health. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lee C. Branson

Licensed Embalmer No. #76

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.