

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15333

FILED MAY -8-1957

318

1003

State File No.

3991

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Saint Louis		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: 01 3231 Natural Bridge Blvd., 7				e. STREET ADDRESS (If rural, give location) 10 3231 Natural Bridge Blvd., 7,			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) ALEXANDER		c. (Last) STOFFER		4. DATE OF DEATH (Month) (Day) (Year) April 25th, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 27th, 1900	
9. AGE (In years last birthday) 56		F UNDER 1 YEAR Months		F UNDER 6 HRS. Hours		F UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (City and State or Foreign Country) Lowell, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME (Unknown) Stoffer		13b. MOTHER'S MAIDEN NAME Lilly Akins		14. NAME OF HUSBAND OR WIFE Genevieve Stoffer nee Lotterer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 494-05-5746		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Genevieve Stoffer, 3231 Natural Bridge Blvd.,			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443x				INTERVAL BETWEEN ONSET AND DEATH 1 week 1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Min.)		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 April 18, 1957 , to April 24, 1957 , that I last saw the deceased alive on April 24, 1957 , and that death occurred at 7:45P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Leopoldt M.D.				23b. ADDRESS 3718th Grand Blvd		23c. DATE SIGNED 4/26/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/29/57		24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. APR 26 57		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. PEUTZ, 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Missouri			

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

1:00PM to 6:00PM
Friday Sure

File in City

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 *John A. Minner*.....

Licensed Embalmer No. *4185*

P. O. Address *St. Louis*.....

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.