

FILED AUG 5 1957 STANDARD CERTIFICATE OF DEATH

State File No. 26019

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1844

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	c. LENGTH OF STAY (in this place) <u>36 hrs</u>	c. CITY OR TOWN <u>Chesterfield</u>	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 <u>St. Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. #2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Boy</u> c. (Last) <u>STEMME</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/24/57</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>7/22/57</u>	9. AGE (In years last birthday) <u>1 1/2</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u>	IF UNDER 1 HR. Hours <u>1</u> Min. <u>15</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kirkwood, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>Wesley Carl Stemme</u>		13b. MOTHER'S MAIDEN NAME <u>Arland Lee Resch</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wesley Stemme - as above</u>		ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u> ANTECEDENT CAUSES <u>not Completely Diagnosed</u> DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>Prematurity</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>7544</u>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 7/22/57, 1957, to 7/24, 1957, that I last saw the deceased alive on 7-24, 1957, and that death occurred at 8:30 A m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>John C. Mast</u> MD		23b. ADDRESS <u>204 N. Oak, Kirkwood, Mo.</u>		23c. DATE SIGNED <u>7/24/57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-25-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemi.</u>	24d. LOCATION (City, town, or county) (State) <u>Bellefontaine, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>7-24-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donk</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>SCHRAPER FUN'L HOME</u>		
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(Licensed Embalmer's Statement on Reverse Side) BALLWIN, Mo.

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..... *Richard M. Bopp*

Licensed Embalmer No. *458*.....

P. O. Address *Bellwin,*.....

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.