

Health, Welfare, Public Service, 300-56, Doctor, coroner, etc. must use only standard nomenclature in their reports - no symptoms - write by ribbon. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012350

STATE FILE NUMBER 2754

FILED MAR 19 1958

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Little Sister of the Poor</i>				Length of stay in lb		STREET ADDRESS (If outside, give location) <i>4232 Maryland</i>	
3. NAME OF DECEASED (Type or print) First <i>Fred</i> Middle <i>W.</i> Last <i>Stein</i>				4. DATE OF DEATH Month <i>3</i> Day <i>6</i> Year <i>1958</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-27-1880</i>	9. AGE (In years last birthday) <i>77</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Merchant</i>		11. BIRTHPLACE (City and state or country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Unknown</i>				14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>491-16-6725</i>		17. INFORMANT Address <i>Helen McBride - 8723 Partridge</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio-sclerotic heart disease</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b)
							DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>None</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <i>None</i>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>None</i>				
20c. TIME OF INJURY Hour <i>None</i> Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>Oct. 12 1957</i> to <i>March 6, 1958</i> and last saw <i>her</i> alive on <i>March 1, 1958</i> Death occurred at <i>4 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) <i>Bernard H. Hottes M.D.</i>				22b. ADDRESS <i>2435 N. Grand Blvd</i>		22c. DATE SIGNED <i>3-7-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3-8-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Chas. Koch + Son - 3516 E. 14th</i>			25. DATE RECD. BY LOCAL REG. <i>MAR 7 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D.</i>		

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 *Gustav W. Dutta*.....
Licensed Embalmer No. *42*.....
P. O. Address *St. Louis*.....

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