

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027490  
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7319

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthonya Hospital</b>		Length of stay in 1b	d. STREET ADDRESS <b>6128 Carlsbad</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Malvina Stutko</b>			4. DATE OF DEATH Month <b>July</b> Day <b>23</b> Year <b>1958</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 16, 1897</b>	9. AGE (In years at birthday) <b>60</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Hermann, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Charles Faes</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Neumann</b>		14. NAME OF HUSBAND OR WIFE <b>Arthur</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, for unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Arthur Stutko</b> Address <b>6128 Carlsbad</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of cervix with metastasis to lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year 6 mos</b>
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) <b>171X</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour . Month, Day, Year a.m. _____ p.m. _____					

20d. INJURY OCCURRED WHILE AT <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 <b>March 22, 1956</b> to <b>7-23-58</b> and last saw her alive on <b>7-22-58</b> . Death occurred at <b>3:50</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE: <b>John W. Smith, M.D.</b> (Degree or title)		22b. ADDRESS <b>3739 Brown</b>		22c. DATE SIGNED <b>7-24-58</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>7/26/1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Afton, Mo.</b>	
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24. FUNERAL DIRECTOR <b>J L Ziegenhein &amp; Sons 7027 Gravois</b>			25. DATE RECD. BY LOCAL REG. <b>JUL 26 58</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

St. Louis, Mo. St. Louis, Mo.  
 6128 Central St. Anthony Hospital  
 July 23 1958 Melvin  
 Oct 16, 1957 x female  
 USA et home  
 Arthur Mary Newman Charles Lee  
 6128 Central Arthur Stuko none no

**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 *Donald E. Perry* .....  
 Licensed Embalmer No. *1763* .....  
 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.