Health, & Welfare Public Service

C
S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031399
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2174

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Stockards~~ Lemay — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. St.Rose Hospital — Length of stay in 1b: 4 mos

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3737 Texas Avenue — Reside on Farm Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print): First EMMA — Middle — Last STUBNATZY
4. DATE OF DEATH: Month Aug. Day 18 Year 1958
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Mar.11,1881
9. AGE (In years last birthday): 77 — 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): proprietor
10b. KIND OF BUSINESS OR INDUSTRY: rooming house
11. BIRTHPLACE (City and state or country): New Minden, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Robert W. Noack
13b. MOTHER'S MAIDEN NAME: Amalia Brinkmann
14. NAME OF HUSBAND OR WIFE: Arthur W. Stubnatzy
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.: UNK.
17. INFORMANT: Mrs. Martha Struckmeyer, Address: 3530 Humphrey Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Pulmonary Insufficiency and Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Emphysema, Pulmonary Tuberculosis over 6 mo.
DUE TO (c) 002-X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease, Heart Failure.
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 4-12-58, to 8/18/58 and last saw her ~~him~~ alive on 8-14-58
Death occurred at 12:15 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A J Steiner MD (Degree or title) 0
22b. ADDRESS: 3903 Olive
22c. DATE SIGNED: 8-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: Aug.21,1958
23c. NAME OF CEMETERY OR CREMATORY: Concordia Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: BEIDERWIEDEN F.H.INC., ADDRESS: 1936 St.Louis Ave
25. DATE RECD. BY LOCAL REG.: 8-20-58
26. REGISTRAR'S SIGNATURE: Herbert P. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

3903 Olive St
2-6 PM.

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.