

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034743
STATE FILE NUMBER
8426
Registrar's No.

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lemay 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11 Firmin Des Loge		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 334 Martiney Dr
3. NAME OF DECEASED (Type or print) First Middle Last Josephine A Sturm			4. DATE OF DEATH Month Day Year Aug 29 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 8. 1931
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 27 (birthday) Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Pleasant City Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mike Davall		13b. MOTHER'S MAIDEN NAME Anna Danko	14. NAME OF HUSBAND OR WIFE Richard Sturm
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Richard Sturm Address 334 Martiney Dr
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral hemorrhage acute blastic leukemia acute basilar leukemia 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)			INTERVAL BETWEEN ONSET AND DEATH 204.3
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 8-23-58 to 8-29-58 and last saw him alive on 8-29-58 Death occurred at 9 P.M. 9:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jas. F. Sullivan (Name or title) James F. Sullivan MD C		22b. ADDRESS 2314 Telegraph Rd. 2314 Telegraph Rd. Hwy 23, Mo	22c. DATE SIGNED 8-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-30-58	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Canton Ohio
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington		25. DATE RECD. BY LOCAL REG. SEP 2 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert M Murray*

Licensed Embalmer No. *3749*

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.