

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042306

STATE FILE NUMBER

FILED DEC 9 1958

1958

Registration District No.

318

Primary Registration District No.

1003

Registration District No.

11403

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>01 3971 Juniata</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>2169 3971 Juniata St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Stengel</u>			4. DATE OF DEATH Month Day Year <u>11/25/58</u>			
5. SEX <u>Malee</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11/16/1882</u>		9. AGE (In years last birthday) <u>76</u> 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) <u>Auto Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		
14. NAME OF HUSBAND OR WIFE <u>Mabel Stengel</u>		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>unk</u>		
17. INFORMANT <u>Mabel Stengel</u>		Address <u>3971 Juniata St.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>420.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
19. INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>St. Louis</u>		COUNTY <u>St. Louis</u>		STATE		
21. I attended the deceased from <u>9/8/58</u> to <u>11/25/58</u> and last saw ^{her} him alive on <u>11/24/58</u> Death occurred at <u>8:10 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		21a. SIGNATURE <u>John T Vandoren MD</u> (Degree or title)		21b. ADDRESS <u>1504 SO GRAND BLVD</u>		
21c. DATE SIGNED <u>11/25/58</u>		22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		22b. DATE <u>11/28/58</u>		
22c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		22d. LOCATION (City, town, or county) <u>St. Louis County, Mo</u>		22e. DATE RECD. BY LOCAL REG. <u>NOV 26 '58</u>		
22f. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		23. FUNERAL DIRECTOR <u>Edward Fendler</u>		ADDRESS <u>5611 South Grand Blvd.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 *Shelley R. Kaellen Jr*

Licensed Embalmer No. *9950*

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.