

FILED VS. JAN - 5 1960 319

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>STE GENEVIEVE</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRANNIERS T.S.</u>		Length of stay in 1b <u>LIFE</u>		c. CITY OR TOWN <u>RIVER AUX VASES MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RIVER AUX VASES</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>MAIL ROUTE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>PHILOMENA R.</u> Middle <u>STOLL</u> Last <u>STOLL</u>				4. DATE OF DEATH Month <u>DEC</u> Day <u>25</u> Year <u>1959</u>									
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/12/82</u>		9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>WEINGARTEN MO</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>NICHOLAS GRIESHABER</u>				13b. MOTHER'S MAIDEN NAME <u>MARY HOGEN MILLER</u>				14. NAME OF HUSBAND OR WIFE <u>STEPHEN STOLL</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.		17. INFORMANT Address <u>Ray Stoll River aux Vases Mo</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>Fracture of left hip</u> DUE TO (b) <u>Diabetes Mellitus.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u> <u>15 yrs</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Slipped and fell on floor</u>									
20c. TIME OF INJURY Hour <u>10:00</u> a.m. Month, Day, Year <u>12-21-59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>River Aux Vases</u>		COUNTY <u>Ste. Genevieve</u>		STATE <u>MO</u>					
21. I attended the deceased from _____ to <u>Dec 25 1959</u> and last saw her alive on <u>Dec 24 1959</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Arthur E. Simpson M.D.</u> (Degree or title)				22b. ADDRESS <u>Ste. Genevieve Mo</u>				22c. DATE SIGNED <u>12-26-59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/28/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST PHILLIP PARISH</u>		23d. LOCATION (City, town, or county) (State) <u>RIVER AUX VASES MO</u>							
24. FUNERAL DIRECTOR <u>Doc. Risher Ste. Genevieve Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Dec. 26, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Lucille O Bault</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Adrian J. Ehl

Licensed Embalmer No. 4740

P. O. Address Ste. Rene

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.