

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017842

FILED VS APR 22 1960

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1165

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shrewsbury		Length of stay in 1b 2 1/2 Yrs.	c. CITY OR TOWN Shrewsbury Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7210 Devonshire		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7210 Devonshire Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MINNIE Middle M. Last STOLL			4. DATE OF DEATH Month April Day 7 Year 1960		
---	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-15-1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
-------------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---------------------------	------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Sparta, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	---	--

13a. FATHER'S NAME Cornelius Lemon	13b. MOTHER'S MAIDEN NAME Unknown Morris	14. NAME OF HUSBAND OR WIFE Late William J. Stoll
--	--	---

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. None	17. INFORMANT May Endicott 7210 Devonshire
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
IMMEDIATE CAUSE (a) myocardial infarction	DUE TO (b) arteriosclerotic heart disease	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) None
---	---	---

20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year ---
---	-------------------------

20d. INJURY OCCURRED WHILE AT WORK <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 **March 5, 1960** to **April 7, 1960** and last saw ~~her~~ **her** alive on **3-26-60**
Death occurred at **5:00 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. A. Spivey, M.D.	22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Missouri.	22c. DATE SIGNED 4-8-60
---	--	-----------------------------------

23a. BURIAL, CREMATION REMOVAL (Specify) Removal (Rail)	23b. DATE 4-10-1960	23c. NAME OF CEMETERY OR CREMATORY Little Rock, Ark.	23d. LOCATION (City, town, or county) Little Rock, Ark.
---	-------------------------------	--	---

24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway	25. DATE RECD. BY LOCAL REG. APR 8 1960	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
--	---	---

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision. -----

Student _____
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 4241

P. O. Address 4228 De King

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.