...RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-029126
STATE FILE NUMBER

FILED VS AUG 8 1960

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2220

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Length of stay in 1b: 30 MIN.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City, 30, Mo. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 617 Geoffrey — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RICHARD Middle H. Last STAHL
4. DATE OF DEATH: Month July Day 23 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 22, 1910
9. AGE (last birthday): 50 — 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): Film Salesman
10b. KIND OF BUSINESS OR INDUSTRY: 20th Century-Fox
11. BIRTHPLACE (City and state or country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henry Stahl
13b. MOTHER'S MAIDEN NAME: Faye Tidball
14. NAME OF HUSBAND OR WIFE: Lorena M. Stahl
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 506-01-7235
17. INFORMANT: Address: Mrs. L. M. Stahl, 617 Geoffrey, U.City, Mo

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) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Upper gastro intestinal hemorrhage — 4 days
DUE TO (c) Duodenal ulcer — 4 days.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 7-23-60, to 7-23-60 and last saw her ~~him~~ alive on 7-23-60
Death occurred at 11:40 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry K Russell MD (Degree or title)
22b. ADDRESS 4660 Maryland St. Louis Mo.
22c. DATE SIGNED 7/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: July 27, 1960
23c. NAME OF CEMETERY OR CREMATORY: Natl. Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR: C. R. LUPTON & SONS, 7233 DELMAR BLVD.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 7-25-60
26. REGISTRAR'S SIGNATURE: John C. Murphy MD.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 30 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence H. M

Signature of Student Embalmer

Licensed Embalmer No. 401

P. O. Address St. Louis

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