SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043235

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3266

FILED NOV 30 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b 5 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis County Hosp. — 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 Bridgeton — Inside Limits Yes # No ☐
d. STREET ADDRESS (If outside, give location) # 53 Casten Dr, — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First Chester Middle Last Stodder

4. DATE OF DEATH Month Nov Day 18 Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH 11)9)1872
9. AGE (last birthday) 89 — 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) Milk Wagon Driver
10b. KIND OF BUSINESS OR INDUSTRY Milk Delivery
11. BIRTHPLACE (City and state or country) Brooklyn New York
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Edward Stodder
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE The Late Olga Stodder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

17. INFORMANT Adele Ewing Address #53 Casten 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) Chronic pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH
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) Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X 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 Nov 13, 1961, to Nov 18, 1961 and last saw her/him alive on Nov. 18, 1961
Death occurred at 8 40 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Albert L. Howe MD
22b. ADDRESS 601 S. BRENTWOOD Bl.
22c. DATE SIGNED 11/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11)21)61
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Collier Mortuary, St. Ann, Mo.
25. DATE RECD. BY LOCAL REG. 11-20-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

MEDICAL CERTIFICATION

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_____ Signed Sheldon Collier

Signature of Student Embalmer

Licensed Embalmer No. 3382

P. O. Address St. Ann M

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.