

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003383

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 68

AMENDED

FILED FEB 14 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Francois		a. STATE Mo.		b. COUNTY St. Louis County	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 28Y;6M;19das.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Room 343 Williams	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First NATALIE Middle _____ Last STEMMACH		Month Feb. Day 6, Year 1962		white	
6. COLOR OR RACE female		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 10, 1877	
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months 8 Days 26		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Lithuania	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joseph Rozaitys		13b. MOTHER'S MAIDEN NAME Anna Gudjute	
14. NAME OF HUSBAND OR WIFE August Stelmach		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. unk	
17. ST. LOUIS 23, Mo. & Records State Hospital #1 Geo. Stelmach 8827 Julia Dent Dr. / St. Louis, Mo.		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 4 hrs.	
IMMEDIATE CAUSE (a) Coronary Thrombosis		DUE TO (b) Coronary Sclerosis		Unknown.	
DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic brain syndrome with cerebral arteriosclerosis.		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 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		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.) from	
20f. CITY, TOWN, OR LOCATION at intervals 4-12-56 to 2-6-62		20g. COUNTY St. Louis		20h. STATE Mo.	
21. I attended the deceased from 1:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>John A. Brennan, M.D.</i>		22b. ADDRESS State Hospital No. 4 Farmington, Missouri	
22c. DATE SIGNED 2-9-62		23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 2-9-62	
23c. NAME OF CEMETERY OR CREMATORY S^d Peter & Paul		23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Southern Funeral Home		25. DATE RECD. BY LOCAL REG. Feb 9, 1962		26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>	
6322 S. Grand, St. Louis, Mo.		(Licensed Embalmer's Statement on Reverse Side)			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

FEB 15 1962

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 Samuel C. Roll

Licensed Embalmer No. 4347
P. O. Address 6322 So. Dr.
St. Louis, Mo.

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.