

FILED JAN 25 1945

318

1003

State File No.

Registrar's No.

438

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Little Sisters of the Poor 3400 So Grand  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 yrs  
 (Specify whether 15 years, months or days)

3. (a) PRINT FULL NAME Emilie Stoll

3. (b) If veteran, name war no  
 3. (c) Social Security No.                     

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced wid  
 6. (b) Name of husband or wife Unknown  
 6. (c) Age of husband or wife if alive                      years  
 7. Birth date of deceased June 1865  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 80 hr. min.

9. Birthplace St. Clair Co. Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business                     

12. Name Wm. Wadell 4

13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Mueller

15. Birthplace Ill.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Three Sisters of Poor

(b) Address 3400 So Grand

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-13-45  
 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Ill

18. (a) Signature of funeral director E. J. Schneider

(b) Address Columbia Ill

19. (a) JAN 16 1945 (Date received from informant) J. F. Bredech (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County                       
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3400 So Grand  
 (If rural, give location)  
 (e) Citizen of foreign country?                      (Yes or No)  
 If yes, name country                     

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12  
 year 1945 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 9  
 that I last saw her Jan 9 and that death occurred on the date and hour stated above

Immediate cause of death Acute Intermittent Hematuria  
General Arterio Sclerosis  
 Due to                     

Due to General Arterio Sclerosis  
 Other conditions Sclerosis  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations                       
 Of autopsy                     

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify)                       
 (b) Date of occurrence                       
 (c) Where did injury occur?                      (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?                     

23. Signature                      (M. D. or other)                       
 Address 607 No. Grand Date signed                     

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2  
33  
30  
36671

820  
17  
169

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

887

887

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Howard R Rowland

Licensed Embalmer No. 3114

P. O. Address 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 this body is not embalmed, fact should be so stated above.**