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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8284

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 2937

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1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community Life time,

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. 4372 Westminster Place, (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Margaret Rumsey Stodtor,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Col. John H. Stodter,

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased November 13, 1906, (Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business _____

FATHER 12. Name Lewis M. Rumsey, Jr.,

FATHER 13. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country)

MOTHER 14. Maiden name Florence Newton,

MOTHER 15. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Col. John H. Stodter,

(b) Address 4372 Westminster Place,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/2/45 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) APR 2 1945 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1945 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Jan 15, 1945, to March 30, 1945, that I last saw her alive on March 30, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive heart failure	2½ mos
Due to aortic regurgitation	?
Due to rheumatic heart dis.	?
Other conditions (Include pregnancy within 3 months of death)	

92nd

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Samuel B. Grant (M. D. or other) MD

Address 114 N. Taylor Ave. Date signed 4/1/45

(Licensed Embalmer's Statement on Reverse Side)

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 Neville B Frohevetter

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell

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.