No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

3131
State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 499

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 Firmin Desloge 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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ste. Genevieve 95
(c) City or town Ste. Genevieve (If outside city or town limits, write "RURAL")
(d) Street No. 176 Blaine (If rural, give location) D.R.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Stoll
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 12 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	3	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Francis Stoll
13. Birthplace River Auxvasse (City, town, or county) Missouri (State or foreign country)
14. Maiden name Tillie Nager
15. Birthplace River Auxvasse (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Francis Stoll
(b) Address Ste. Genevieve, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation River Auxvasse, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JAN 17 1948 (Date received local registrar) (b) Jos. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1948 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from Jan 12, 1948 to Jan 15, 1948 that I last saw him alive on Jan 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sudden Respiratory Failure (at mother's breast)	0
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations
Of autopsy Coroner's - No significant findings

PHYSICIAN — Underline the cause of 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? (Specify) Means of injury

23. Signature Roy V. Bordelon M. D. or other
Address 4500 Olive (8) Date signed 1/16/48

Jefferson City Printing Co. (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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.