

No. 300
1-10-47
5-17-39
I 3906

FILED DEC 31 1948
Registration District No. 31

Primary Registration District No. 3070

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES 19
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
805 PINE TREE LANE
(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 4 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No. 805 PINE TREE LANE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME JOSEPH STOHLDRICK

3. (b) If veteran, name war NONE

3. (c) Social Security No. 489-07-3523

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife ROSE T. STOHLDRICK

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 9 9 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 2 18 hr. min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation AUDITOR

11. Industry or business TRAS. FORBES TEA COFFEE CO

MOTHER FATHER

12. Name JOSEPH - STOHLDRICK

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

14. Maiden name BENONITZ

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

16. (a) Informant Mrs Rose T. Stohldrick

(b) Address 805 PINE TREE LANE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-1-48
(Month) (Day) (Year)

(c) Place: burial or cremation ST PAULS CHURCHYARD

18. (a) Signature of funeral director MITTELBERG FUN'L HOME

(b) Address WEBSTER GROVES MO

19. (a) 12-1-48 (Date received local registrar)

(b) Donald V. Livingston M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1948 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from
21 June 1948 to 27 Nov 1948

that I last saw him alive on 27 Nov 48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Pancreas

Disposition SMO

Due to _____

Due to 468

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of the Pancreas

Of operation _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J.R. Carter left (M. D. or other)

Address 6347 Grand Date signed 12/29/48

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

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 Van M Lyman

Licensed Embalmer No. 4343

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.