No. 300
10-48

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21738

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5499

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

1. PLACE OF DEATH
a. COUNTY: St Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 0-0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 17
d. STREET ADDRESS (If rural, give location): 23 2007 Lynch 7

3. NAME OF DECEASED (Type or Print)
a. (First): Elmar
b. (Middle): ELMER A. STINE
c. (Last): Stine

4. DATE OF DEATH (Month) 6 (Day) 24 (Year) 49

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-19-90
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broom Maker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hillsbro Ills 1
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Bob Stine
13b. MOTHER'S MAIDEN NAME: Unknown ELLA MAE STINE
14. NAME OF HUSBAND OR WIFE: Ella ~~Ella Stine~~ ELLA MAE STINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Ella Stine — ADDRESS: 3203 St. Louis Av

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c) Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-31-49 NC 5-25-49
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 94
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 515A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph McQuinn Deputy Coroner 3
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 6/25/49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: St Peters Cem
24d. LOCATION (City, town, or county): St Louis (State) Mo

DATE REC'D BY LOCAL REG.: JUN 27 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Central Und. Co — ADDRESS: 1841 Cassave

(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~~ Me.

....., Student Embalmer No. .....

working under my personal supervision.

Signed Elton R. H. Renelus

Signed .....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri }
County of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 21738-49
Local Registrar's No. 5499

On this 12th day of July, 194 9, before me appears Mr. John Stygar (Funeral Director), who, upon his oath, states that the original record of death for Elmer A. Stine, died June 24th, 19 49, in the State of Missouri, and which was filed at St. Louis, Mo. on 6-27-, 19 49, should be corrected as follows:

Item No. 3 should read Elmer A. Stine
Instead of Eldmar Stine

Item No. 14 should read Ella Mae Stine
Instead of Ella Stine

Item No. 17 should read Ella Mae Stine
Instead of Ella Stine

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John Stygar Funeral Director
Relationship.

1841 Gasconade
Present Address.

Subscribed and sworn to before me this 12 day of July, 194 9.

My Commission expires 3-4-53 Earl C. Pollock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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