

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32220

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7945

| | | | | | | |
|--|--|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. | | b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital | | d. STREET ADDRESS (If rural, give location) 14 3704 Harford St. | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) David | | b. (Middle) Warren | | c. (Last) Stolz | | |
| 4. DATE OF DEATH Sept. 12 1949 | | 5. SEX male | | 6. COLOR OR RACE white | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | | 8. DATE OF BIRTH Aug. 23 1944 | | 9. AGE (In years last birthday) 5 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) St. Louis Mo. | | |
| 12. CITIZEN OF WHAT COUNTRY? D | | 13a. FATHER'S NAME Warren F. Stolz | | 13b. MOTHER'S MAIDEN NAME Mary Lafferty | | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | |
| 17. INFORMANT'S SIGNATURE OR NAME Warren F. Stolz | | ADDRESS 3704 Harford St. | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RESPIRATORY FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) POLIOMYELITIS, ACUTE ANTERIOR DUE TO (c) NONE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE | | | INTERVAL BETWEEN ONSET AND DEATH 5 MIN. 5 DAYS | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION NONE | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 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) St. Louis Mo. | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? ASFD | | |
| 22. I hereby certify that I attended the deceased from SEPT. 1, 1949, to SEPT. 12, 1949, that I last saw the deceased alive on SEPT. 12, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE Robert G. Hall | | (Degree or title) MD | | 23b. ADDRESS 3702A LAFAYETTE ST. LOUIS, MO. | | |
| 23c. DATE SIGNED SEPT. 14, 1949 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sept 14 49 | | |
| 24c. NAME OF CEMETERY OR CREMATORY St. Peters | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | DATE REC'D BY LOCAL REG. SEP 14 1949 | | |
| REGISTRAR'S SIGNATURE J. B. Lasater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drabmann-Harral 1905 Union Blvd. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4287

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.