

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED OCT 6 1949

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 6076 Registrar's No. 53051

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN <u>Manchester</u>		c. CITY OR TOWN <u>Belleville</u>	
c. LENGTH OF STAY (in this place) <u>2 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1530 Mascoutah Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u>		b. (Middle) _____ c. (Last) <u>STOFFEL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>September 20, 1949</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 30, 1871</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR (Months) (Days) <u>0 20</u>	IF UNDER 2 HRS. (Hours) (Min.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tinner</u>	
11. BIRTHPLACE (State or foreign country) <u>Mascoutah, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Louis Stoffel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frey</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Stoffel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Florence Stiehl</u>		ADDRESS <u>Belleville</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac failure sudden</u>			
ANTECEDENT CAUSES (b) <u>Renal arteriosclerosis</u>			
(c) <u>Chr. Myocarditis</u>			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>422.1</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 11, 1949</u> , to <u>Sept 20, 1949</u> , that I last saw the deceased alive on <u>Sept 19, 1949</u> , and that death occurred at <u>12:35 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ch. Denny M.D.</u>		23b. ADDRESS <u>Crest Coeur, Mo.</u>	
23c. DATE SIGNED <u>9-21-49.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Belleville</u>		24b. DATE <u>Sept. 21, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>9-21-49</u>		REGISTRAR'S SIGNATURE <u>Herbert C. Hendon</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert B. Bledsoe</u>		ADDRESS <u>Belleville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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

*Frederic U. Brennan*  
Licensed Embalmer No. *13697*  
P. O. Address *Bellville, Ill.*

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.