

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39826

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4411

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Jennings</u>		c. LENGTH OF STAY (in this place) <u>YEARS</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>15</u> OR TOWN <u>Jennings</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7022 Lillian Ave</u>	
d. STREET ADDRESS <u>7022 Lillian Ave</u>		3. NAME OF DECEASED (Type or Print)	
a. (First) <u>William</u>		b. (Middle) <u>G.</u>	
c. (Last) <u>Stelzleni</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 12 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 19 1892</u>
9. AGE (In years last birthday) <u>57</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>William Stelzleni</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Kunz</u>
13a. FATHER'S NAME <u>William Stelzleni</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Kunz</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Stelzleni</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>494-10-7669</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen Stelzleni</u> ADDRESS <u>7022 Lillian Ave</u>	
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) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u> DUE TO (c) _____ 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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)	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		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?	
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>Oct 10</u> <sup>1949</sup> to <u>Nov 12</u> <sup>1949</sup> , that I last saw the deceased alive on <u>Oct 31</u> <sup>1949</sup> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. G. Ernst</u> (Degree or title)		23b. ADDRESS <u>2114 E Grand</u>	
23a. SIGNATURE <u>W. G. Ernst</u> (Degree or title)		23b. ADDRESS <u>2114 E Grand</u>	
23c. DATE SIGNED <u>10-14-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23c. DATE SIGNED <u>10-14-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 16 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>	
24b. DATE <u>Nov 16 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>	
24d. LOCATION (City, town, or county) _____ (State) _____		24d. LOCATION (City, town, or county) <u>St. Louis Co Mo</u> (State) _____	
24d. LOCATION (City, town, or county) _____ (State) _____		24d. LOCATION (City, town, or county) <u>St. Louis Co Mo</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>11-15-49</u>		REGISTRAR'S SIGNATURE <u>Herbert G. Womke, M.D.</u>	
DATE REC'D BY LOCAL REG. <u>11-15-49</u>		REGISTRAR'S SIGNATURE <u>Herbert G. Womke, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F Feutz</u> ADDRESS <u>4828 Nat Bridge Blvd'</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F Feutz</u> ADDRESS <u>4828 Nat Bridge Blvd'</u>	

**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 Ralph C. Linders

Licensed Embalmer No. 4225

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.