

FILED JAN 14 1950

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 42998		Registrar's No. 11371					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Michigan</u> b. COUNTY <u>Washtenaw</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ann Arbor</u>			989						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>NR</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>			b. (Middle) _____			c. (Last) <u>Stoltz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>April 12, 1887</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HED. Hours _____	IF UNDER 1 HED. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ashley, Ill.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>Charles Stoltz</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Noerper</u>			14. NAME OF HUSBAND OR WIFE <u>Vera</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		(If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Christine Muskopf</u>			ADDRESS <u>4264a N. 19th St.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Fracture of skull; Brain Injury</u>				MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH _____		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				suffered when deceased fell while attempting to descend the rear stairway at 4264									
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____				DUE TO (b) _____									
DUE TO (c) _____				a No 19th St on Dec 27 1949 at about 550 pm									
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>Accident</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo. 186</u>								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 27 49 550 p m</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>800</u>								
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 <u>5:00 A m.</u> , from the causes and on the date stated above. <u>AN</u>													
23a. SIGNATURE (Degree or title) <u>Christine L. Taylor M. Coconan</u>						23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>1/3/50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-4-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>			24d. LOCATION (City, town, or county) (State) <u>Normandy, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>JAN 3 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lester</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>							

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 M. L.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Remelius

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 with the above constitutes grounds for revocation of license.)

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