

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7212

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 485

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gardenville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gardenville</u> | |
| c. LENGTH OF STAY (in this place) <u>46 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>5215 Heege</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5215 Heege</u> | | | |

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|--|--|-------------------------------|------------|---|--|--------------------------------------|--|--|---|--|--------------------------------|--|------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>Sophie</u> | | | a. (First) | | | b. (Middle) | | | c. (Last) <u>Stengel</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23, 1950</u> | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Aug 16, 1868</u> | | | 9. AGE (In years last birthday) <u>81</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 1 HR. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | | | | 11. BIRTHPLACE (State or foreign country) <u>Germany</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |

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|--|--|--|--|--|--|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Fred Wolz</u> | | | 13b. MOTHER'S MAIDEN NAME <u>not known</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Henry Stengel</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>none</u> | | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Stengel 5215 Heege</u> | | | | | |

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|---|--|--|--|--|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebrovascular Failure</u> | | | | | | | | <u>12 hrs</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> | | | | | | | | ? | |
| | | DUE TO (c) _____ | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | | | 20. AUTOPSY? | |
| | | <u>Arteriosclerosis</u> | | | | | | | | <u>47.21</u> | |

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| 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) | | | 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 Aug 10 1945, to 2/23, 1950, that I last saw the deceased alive on 2/23, 1950, and that death occurred at 3:45 P m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE <u>[Signature]</u> | | 23b. ADDRESS <u>6811 Algonquin Ave</u> | | 23c. DATE SIGNED <u>2/24/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>2/27/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>N St Marcus Cemetery</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo.</u> | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>FEB 24 1950</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ziegenhein & Sons 7027 Gravois</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Frank J. Quinn

Licensed Embalmer No. 2245

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.