

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22048**
5219
Registrar's No. _____

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
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		2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 5041 Milentz Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Oscar		b. (Middle) Ieo		c. (Last) Stain		4. DATE OF DEATH (Month) (Day) (Year) 6-12-1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-29-1884	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 24 HRS: Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bernhardt Stein		13b. MOTHER'S MAIDEN NAME Louisa Swartz		14. NAME OF HUSBAND OR WIFE Emelie Stein			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Emelie Stein ADDRESS 5041 Milentz Ave			
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) Peripheral Vascular disease arterosclerotic ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. arterosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH Indeterm 4 yrs Indeterm	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? 2nd floor	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from June 30, 1949 , to June 12, 1950 , that I last saw the deceased alive on June 12, 1950 , and that death occurred at 10:30 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE W.C. Messerly, Jr. (Degree or title) MD		23b. ADDRESS 634 No Grand		23c. DATE SIGNED 6/13/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-15-1950		24c. NAME OF CEMETERY OR CREMATORY St. Peter and Paul's Cemetery		24d. LOCATION (City, town, or county) (State) 7000 Gravois Ave Mo	
DATE REC'D BY LOCAL REG. JUN 14 1950		REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein Bros 6409 Gravois Ave			

Dr. A. McMahon Co. Thea. Bldg. FR 5754 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

P/

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

Henry M. Branner

Licensed Embalmer No. 4200

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.