

STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2169</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3637 Chippewa</u>		d. STREET ADDRESS (If rural, give location) <u>3637 Chippewa</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William H.</u> b. (Middle) <u>Stein</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1950</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 10, 1886</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Roofing Co.</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>August Stein</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Rose</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Stein</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Julia Stein 3637 Chippewa</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>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>malignant hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>1940</u>	19b. MAJOR FINDINGS OF OPERATION <u>Duronal ulcer</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>gun</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>gun</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>gun</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>gun</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>gun</u> <u>4/2/50</u>	
22. I, hereby certify that I attended the deceased from <u>1940</u> , to <u>July 2, 1950</u> , that I last saw the deceased alive on <u>July 2, 1950</u> and that death occurred at <u>6</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Mayo</u> M.D. (Degree of title)		23b. ADDRESS <u>3606 GRANVILL ST</u>	23c. DATE SIGNED <u>7-3-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Vincennes Indiana</u>
DATE REC'D BY LOCAL REG. <u>JUL 3 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Lacater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home</u> <u>6322 S. Grand St. Louis, Mo.</u>	

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

Mr. S H. Mairys
3606 Maavois
Lab 7380
Rm 6080

1 to 4 P.M.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

David Paul Fossan

Signed.....
Student Embalmer

Licensed Embalmer No. *4249*

P. O. Address *6922 Le Beau*

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.