

FILED OCT. 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. **35365**
Registrar's No. **8676**

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 MO		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION BETHESDA HOSPITAL				d. STREET ADDRESS (If rural, give location) 2620 ARSENAL			
3. NAME OF DECEASED (Type or Print) a. (First) MARIE		b. (Middle) -		c. (Last) STIPSCHITZ		4. DATE OF DEATH (Month) (Day) (Year) OCT. 14 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG. 15 1889	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mts.	
11. BIRTHPLACE (State or foreign country) AUSTRIA				12. CITIZEN OF WHAT COUNTRY? 4			
13a. FATHER'S NAME SCHANDLT		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CONRAD STIPSCHITZ (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARIE LOGAGLIO 2620 ARSENAL			
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) Cancer of the head of Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH 3-4 months	
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) _____		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? 157X			
22. I hereby certify that I attended the deceased from May , 1950, to 10-11 , 1950, that I last saw the deceased alive on 10-11 , 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Anita Younger, M.D. (Degree or title) U				23b. ADDRESS 3624 Russell		23c. DATE SIGNED 10-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 16 1950		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. OCT 13 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Ruti 2906 Garvin			

(Licensed Embalmer's Statement on Reverse Side)

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

[Handwritten mark]

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.....
Student Embalmer

Signed *Geo J Budd*.....

Licensed Embalmer No. *3989*

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.