

STANDARD CERTIFICATE OF DEATH

10.48

#109923

318

1003

16769

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri				b. COUNTY Missouri							
c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099							
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.				STREET ADDRESS (If rural, give location) 2110a John Ave. 0							
3. NAME OF DECEASED (Type or Print)		a. (First) Mable		b. (Middle) BEAL		c. (Last) Stoughton					
4. DATE OF DEATH		5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)					
December 15, 1950		Female		White		Married					
8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY					
April 6, 1887		63		Housewife		None					
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME					
St. Louis, MO.		U.S.A.		Samuel Pretaboire		Millie Solomon					
14. NAME OF HUSBAND OR WIFE		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					
Samuel R. Stoughton		NO				Samuel Stoughton 2110a John Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION							
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Vascular Accident</i></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <i>Generalized arteriosclerosis</i></p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><i>1) Pulmonary tuberculosis</i> <i>2) Senile psychosis</i></p>				INTERVAL BETWEEN ONSET AND DEATH							
				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)		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? <i>334X</i>					
22. I hereby certify that I attended the deceased from <i>3/28/50</i> , 19 <i>50</i> , to <i>12/15/50</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>12/15/50</i> , 19 <i>50</i> , and that death occurred at <i>8:30pm</i> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED					
<i>Edwin A. Schmidt, M.D.</i>				1515 Lafayette Ave.,		12/16/50					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)					
Burial		12-19-50		Friedens Cemetery		St. Louis MO.					
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS							
DEC 18 1950		<i>J. B. Tarter</i>		SUEMMEYER & SON'S 3934 N. 20 Street							

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Neville B. Frohwitter*

Signed.....
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *3934 N 20 Street*

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.