

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3218
Registrar's No. 7045

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|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>3013</u> | | Registrar's No. <u>7045</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings</u> | | 4138 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>16 Jendale Court</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>M.</u> c. (Last) <u>Stahl</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1/11/51</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>Jan. 26, 1874</u> | |
| 9. AGE (In years last birthday) <u>76</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>--</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>William Wolgast</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Louis</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>---</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>William Stahl</u> ADDRESS <u>4432 Bingham</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>Neurogenic shock</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>± 5 hrs</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of rami of pubis, rt 2, 3, 4 + 5 ribs, left 200 cc retroperitoneal hemorrhage, focal osteomyelitis of humerus</u> | | | | ± 5 hrs. | |
| | | DUE TO (c) <u>Automobile accident</u> | | | | E8234 | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 32 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>400</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-11-51 8:00</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>AUTO ACCIDENT ROR</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>1-11-1951</u> , to <u>1-11-1951</u> , that I last saw the deceased alive on <u>1-16-1951</u> , and that death occurred at <u>10:35 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Name or title) <u>Charles M. Federy, M.D.</u> | | | | 23b. ADDRESS <u>2601 S. BRENTWOOD CLAYTON</u> | | 23c. DATE SIGNED <u>1-12-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/15/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Churchyard</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>1-13-51</u> | | REGISTRAR'S SIGNATURE <u>Robert P. Tomke M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wacker-Heldale 3634 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Robert Wheeler

.....
Licensed Embalmer No. *2128*

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.