

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10687**
2724
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis**
c. LENGTH OF STAY (in this place) **6 yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **5100 Delmar Boulevard, St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**
d. STREET ADDRESS (If rural, give location) **5100 Delmar Boulevard.**

3. NAME OF DECEASED
a. (First) **MARGARET** b. (Middle) **BLANCHE** c. (Last) **STULTS.**

4. DATE OF DEATH **March 23, 1951**

5. SEX **Female**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Nov 4, 1891**

9. AGE (in years last birthday) **59**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 1 HR.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **At. Home**

11. BIRTHPLACE (State or foreign country) **St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **August Fritschle**

13b. MOTHER'S MAIDEN NAME **Margaret Kelley**

14. NAME OF HUSBAND OR WIFE **Henry A. Stults.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**
(If yes, give war or dates of service) **none**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME **Henry A. Stults, 5100 Delmar Blvd.**
ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage.**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Chronic Hypertension.**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 day**

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **331X**

22. I hereby certify that I attended the deceased from **July 18, 1949**, to **March 23, 1951**, that I last saw the deceased alive on **March 22, 1951**, and that death occurred at **3 A** m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) **M.D.**

23b. ADDRESS **2807 N Grand Ave**

23c. DATE SIGNED **3/23/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Mar 26, 1951**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **Shepard Funeral Home, 1167 Hamilton Ave.**

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Elton R. Rumbles

Signed.....
Student Embalmer

Licensed Embalmer No..... 4283

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.