

21724

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10-48

FILED JUN 22 1951

State File No. \_\_\_\_\_  
Registrar's No. 2398

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay</b>	
c. LENGTH OF STAY (In this place) <b>14 Mo 86</b>		4860	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>23 Tanzberger Drive</b>		d. STREET ADDRESS (If rural, give location) <b>23 Tanzberger Drive</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Louis</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Stoessel</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 10, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 19, 1900</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Freight Handler</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Anheuser Busch Inc.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Stoessel</b>	13b. MOTHER'S MAIDEN NAME <b>Lena Massarang</b>	14. NAME OF HUSBAND OR WIFE <b>Viola</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No none</b>	16. SOCIAL SECURITY NO. <b>487-26-1458</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Viola Stoessel Rt. 9 Box 282 Lemay, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Larynx</b>		INTERVAL BETWEEN ONSET AND DEATH <b>16 month</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>161x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/5/51, 19  , to 6/10/51, 19  , that I last saw the deceased alive on 6/7/51, 19  , and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <b>W. Benjamin</b>	23b. ADDRESS <b>7430 Virginia Avenue</b>	23c. DATE SIGNED <b>6/11/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 13, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mt. Olive Rd. Lemay 23, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-11-51</b>	REGISTRAR'S SIGNATURE <b>Herbert P. Donk</b>	FEDERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b>	7814 S. Broadway
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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 *Liam C. Hoffmeister*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.