

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25332**
Registrar's No. **5792**

FILED JUL 16 1951

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 810a Russell		2. STREET ADDRESS (If rural, give location) 810a Russell	
3. NAME OF DECEASED a. (First) Mary (Type or Print) b. (Middle) c. (Last) Stahl			4. DATE OF DEATH (Month) (Day) (Year) 6 26 51
5. SEX female	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-12-1880
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwk		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Andrew Stahl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Hattie Stahl 3016 Lemp		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, asthma, etc. "It" means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of lung 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	
20. AUTOPSY? YES <input checked="" 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? 163x	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Calvin E. Taylor Coroner (Degree or title)		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6-28-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-29-51	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis County Mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Casster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen	

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 Del G. Starnam

Signed.....
Student Embalmer

Licensed Embalmer No. 4583

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.