

STANDARD CERTIFICATE OF DEATH

25364
6961

FILED AUG 15 1951

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2079					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4918 Arlington Avenue				7 d. STREET ADDRESS (If rural, give location) 5409 Plover Avenue							
3. NAME OF DECEASED (Type or Print) Wilhelmina			a. (First)		b. (Middle)		c. (Last) Stumpf				
4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1951.		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 13, 1880			
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Belleville, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Sauer			13b. MOTHER'S MAIDEN NAME Emilie Edel			14. NAME OF HUSBAND OR WIFE Mr. Adolph Stumpf					
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 Mr Adolph Stumpf, 5409a Plover Ave.			ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) of Cardiac failure						1 yr			
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						1 yr			
		DUE TO (b) Hypertension									
		DUE TO (c) Atheroma									
		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 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 4500							
22. I hereby certify that I attended the deceased from June, 1950 , to Aug 2, 1951 , that I last saw the deceased alive on July 30, 1951 , and that death occurred at 5:25P m. , from the causes and on the date stated above.											
23a. SIGNATURE J. B. Carter, D.O.				(Degree or title)		23b. ADDRESS 5255 Shelba		23c. DATE SIGNED 8/3/51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8/6/1951		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.					
DATE REC'D BY LOCAL REG. AUG 4 1951		REGISTRAR'S SIGNATURE J. B. Carter				25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc. 2161 E. Fair 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Glen W. Hatz

Licensed Embalmer No. _____

3737

P. O. Address _____

St. Louis, Missouri

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.