

FILED AUG 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28758  
6941

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>0</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>3 Wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>		d. STREET ADDRESS (If rural, give location) <u>9903 Gravois</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 2, 1951</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u>		b. (Middle)		c. (Last) <u>Stolz</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>April 8, 1873</u>		9. AGE (In years, month, days) <u>78</u>	10. F UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Anselm</u>		13b. MOTHER'S MAIDEN NAME <u>Schaeffer</u>		14. NAME OF HUSBAND OR WIFE <u>William D Stolz</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William J Stolz 6238 Delor</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertatic Pneumonia</u>		ANTECEDENT CAUSES					<u>48 hrs</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Abscess of Gall Bladder</u>					<u>8 days</u>
		DUE TO (c) <u>Gall Stones</u>					<u>9 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>July 30</u>		19b. MAJOR FINDINGS OF OPERATION <u>Abscess and gall stones</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>58HX</u>			
22. I hereby certify that I attended the deceased from <u>July 15, 1951</u> , to <u>8-2-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-2-</u> , 19 <u>51</u> , and that death occurred at <u>1:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. F. Murray M.D.</u>			23b. ADDRESS <u>605-A-Russell</u>			23c. DATE SIGNED <u>5-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/4/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Lucas Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sappington, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>AUG 3 1951</u>		REGISTRAR'S SIGNATURE <u>L. B. Lueder</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J L Ziegenhein &amp; Sons 7027 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

*Neville B. Holwetter*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *7029 Grosvois*

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.