

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **14825**

FILED APR 16 1952

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

Registrar's No. **2202**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OVERLAND 423X	
c. LENGTH OF STAY (in this place) 1 wk		d. STREET ADDRESS (If rural, give location) 3208 CALVERT 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hosp			
3. NAME OF DECEASED (Type or Print) a. (First) Dominick b. (Middle) Stohl c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAR 5 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH FEB 21 1876
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: Months 0 Days 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE WORKER		10b. KIND OF BUSINESS OR INDUSTRY LUMBER	
11. BIRTHPLACE (State or foreign country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Stohl		13b. MOTHER'S MAIDEN NAME do NOT KNOW	
14. NAME OF HUSBAND OR WIFE			
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 Nick Stohl		ADDRESS Overland MO	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis DUE TO (c) Severe general osteoarthritis 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 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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR 723.0			
22. I hereby certify that I attended the deceased from 2/1, 1951 , to 3/5, 1952 , that I last saw the deceased alive on 3/5, 1952 , and that death occurred at 10 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. J. Mistockus MD		23b. ADDRESS 2903 Olive	
23c. DATE SIGNED 3/19/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-3-8-52	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
DATE REC'D BY LOCAL REG. 3-7-52		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE ORTMANN F. HOME		ADDRESS Overland MO	

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

Al. C. Ostmann

Signed
Student Embalmer

Licensed Embalmer No. *3478*

P. O. Address _____

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.