

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26794

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1884

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> 4 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY OR TOWN <u>Manchester</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. LENGTH OF STAY (in this place) <u>2 days</u> | | d. STREET ADDRESS (If rural, give location) <u>4207 Humphrey</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MANCHESTER NURSING HOME</u> | | | |

| | | | | | |
|---|--|-------------|---|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>ST. LOUISA STUMPF</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-52</u> | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

| | | | | | | |
|----------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED-NEVER MARRIED, WIDOWED-DIVORCED-SEPARATED <u>Widowed</u> | 8. DATE OF BIRTH <u>Oct. 16, 1907</u> | 9. AGE (in years last birthday) <u>44</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>27</u> | IF UNDER 1 RES. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|---|---------------------------------------|---|---|---|

| | | | |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|--|--|--|--|

| | | |
|--|---|---|
| 13a. FATHER'S NAME <u>Henry Miller</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Dittler</u> | 14. NAME OF HUSBAND, OR WIFE- <u>Otto deceased</u> |
|--|---|---|

| | | | | |
|---|--|-------------------------------------|--|---------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or not unknown) <u>No</u> | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ludya Muennighaus</u> | ADDRESS <u>8843</u> |
|---|--|-------------------------------------|--|---------------------|

| | | | |
|---|--|--|----------------------------------|
| 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, asthenia, 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) <u>Chor. Myocarditis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen'l arteriosclerosis</u> DUE TO (c) <u>Gen'l arthritis</u> | | |
| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from July 7, 1952 to July 10, 1952, that I last saw the deceased alive on July 9, 1952, and that death occurred at 9:00 Am., from the causes and on the date stated above.

| | | |
|--|------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Ch. Henry MD</u> | 23b. ADDRESS <u>Crewi Coen, No</u> | 23c. DATE SIGNED <u>7-10-52</u> |
|--|------------------------------------|---------------------------------|

| | | | |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/14/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
|---|--------------------------|--|---|

| | | | |
|---|---|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>7-10-52</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher</u> | ADDRESS <u>3013 Meramee</u> |
|---|---|--|-----------------------------|

SW (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Jack Haupt

Licensed Embalmer No. *4746*

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.