

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30089**

LED AUG 23 1952

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1009</b>	Registrar's No. <b>7454</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS 1</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2701 A CHOUTEAU</b>		e. STREET ADDRESS <b>2701 A Chouteau Av.</b>		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		
a. (First) <b>AMELIA</b>		b. (Middle) <b>STOUT.</b>		c. (Last)
5. SEX <b>FE 1</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED—NEVER MARRIED, WIDOWED—DIVORCED (Specify) <b>D. 3</b>
8. DATE OF BIRTH <b>FEB - 16 - 1872</b>		9. AGE (In years last birthday) <b>80 YR</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired MILLWNER</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		13. FATHER'S NAME <b>LOUIS ROSE</b>
14. MOTHER'S MAIDEN NAME <b>ROBINE MOHARDT</b>		15. NAME OF HUSBAND OR WIFE <b>Wilbur Stout</b>		16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Schoenfeld</b>		18. ADDRESS <b>2701 A Chouteau</b>		19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
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)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Coronary Sclerosis</b>  DUE TO (c) <b>Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>
22. I hereby certify that I attended the deceased from <u>2</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:47 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Patrick E. Taylor</b>		23b. ADDRESS <b>300 Clark</b>		23c. DATE SIGNED <b>8-4-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Aug-6-52</b>		24c. NAME OF CEMETERY OR CREMATORIUM <b>Valhalla Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Schmur</b>		
DATE REC'D BY LOCAL HEALTH DEPARTMENT <b>AUG 4 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>		ADDRESS <b>3125 Lafayette St. Av.</b>

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

*John B. Dollmer*

Licensed Embalmer No. *410/4*

P. O. Address *3125 Poplar*

**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.