

JAN 8 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 44178

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>3309</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS - COUNTY.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS CO.</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>NORMANDY - MO.</u>		c. LENGTH OF STAY (in this place) <u>5 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NORMANDY - ST. LOUIS CO. MO.</u>		416	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7000 EDISON - AV.</u>				d. STREET ADDRESS (If rural, give location) <u>7000 EDISON - AV.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN -</u> b. (Middle) <u>HENRY -</u> c. (Last) <u>STOLLHANS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 25TH 1952</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 8TH 1904</u>	9. AGE (in years last birthday) <u>48 YRS.</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JEWELRY - CRAFTSMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STANGE JEWELRY MFG.</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS - MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THEODORE STOLLHANS.</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA SCHULTE.</u>		14. NAME OF HUSBAND OR WIFE <u>BERNARD STOLLHANS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Bernard Stollhans 7100 Edison Normandy</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastases to liver</u>					<u>over 6 mo</u>
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>					
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)		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 <u>Aug</u> , 19 <u>52</u> , to <u>Dec</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>25 Dec</u> , 19 <u>52</u> and that death occurred at <u>5:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Eugene W. Hall M.D.</u> (Degree or title)				23b. ADDRESS <u>253 Florissant R. St. Louis</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ROTAH</u>		24b. DATE <u>DEC. 29TH 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY - CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS. MO.</u>		
DATE REC'D BY LOCAL REG. <u>12-27-52</u>		REGISTRAR'S SIGNATURE <u>H. R. Brockland</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1827-HOGAN-ST.</u>		

(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.....

Fred J. Farmer

Licensed Embalmer No. *4788*

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.