

FILED OCT 5 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 32751

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Saint Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) R. F. D. # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) L.	c. (Last) Stoll	4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 2, 1886
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 11 Days 23	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10b. KIND OF BUSINESS OR INDUSTRY Am. Car Bdry.	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William G. Stoll		13b. MOTHER'S MAIDEN NAME Elizabeth Meers	14. NAME OF HUSBAND OR WIFE Catherine (nee Zerr) Stoll
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. 495-22-0323	17. INFORMANT'S SIGNATURE OR NAME Mrs. Catherine Stoll, St. Charles, Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma (Malignancy) ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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 checked="" 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)	203X
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 Feb. 12, 1953, to Sept. 25, 1953, that I last saw the deceased alive on Sept. 25, 1953, and that death occurred at 8:45 A.M., from the causes and on the date stated above.			
23a. SIGNATURE LR M. J. Pinter (Degree or title) M.D.		23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED Sept. 28, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 28, 1953	24c. NAME OF CEMETERY OR CREMATORY St. Chas. Borromeo Cmty	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
DATE REC'D BY LOCAL REG. Sept 28 1953	REGISTRAR'S SIGNATURE 287-00	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. Dallman & Son, St. Charles, Mo.	

(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

*Frank R. Amstrong*

Licensed Embalmer No. *483*

P. O. Address *St. Charles*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.