

FILED JAN 14 1954

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>70</u>				
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pagedale</u>			c. LENGTH OF STAY (in this place) <u>Yrs.</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Pagedale 42910</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6718 Raymond Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>6718 Raymond Ave.</u>						
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>M</u>		c. (Last) <u>Stotler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1/8/54</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>1/17/1886</u>		9. AGE (In years last birthday) <u>67</u> # UNDER 1 YEAR Months Days # UNDER 1 HRA. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pump Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wagner Elect.</u>			11. BIRTHPLACE (State or foreign country) <u>St. James, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Stotler</u>			13b. MOTHER'S MAIDEN NAME <u>Nora Zizler</u>			14. NAME OF HUSBAND OR WIFE <u>Birtha Stotler</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give type and dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>Unk 497 01 6437</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Birtha Stotler</u>			ADDRESS <u>6718 Raymond Ave.</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, assthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF LUNG</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 WEEKS</u>		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PULMONARY TUBERCULOSIS</u>				<u>5 WEEKS</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163XA</u>						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 <u>12-16-1954</u> to <u>1-7-1954</u> , that I last saw the deceased alive on <u>1-8-1954</u> , and that death occurred at <u>2:45p</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Herbert B. Amke M.D.</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>6718 RAYMOND</u>		23c. DATE SIGNED <u>1-8-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/11/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. James, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>1/9/54</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Amke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>					ADDRESS <u>1125 Hodiament Ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

11948 HODIAMONT AVE.

Ca. 8755

2 45 PM.

NO 2 20 19

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

Alfred J. Poedeker
.....
Licensed Embalmer No. 2663

Signed.....
Student Embalmer

P. O. Address 1125 Hodiamont

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: