

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6851

State File No.

1589

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI c. LENGTH OF STAY (In this place) 1 yr - 10 mo d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) 16 3940 PARKER 2167	
3. NAME OF DECEASED (Type or Print) CAROLINE HELEN STANHAUS		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 16, 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH Nov. 6, 1865
9. AGE (In years last birthday) 88 If UNDER 1 YEAR: Months - Days - Hours - Min.		11. BIRTHPLACE (City and State or Foreign Country) SHILOH ILL 12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME AUGUST HEINZMAN		13b. MOTHER'S MAIDEN NAME ANN MARIE FRALEY	
14. NAME OF HUSBAND OR WIFE JAMES STANHAUS JR.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME. GEORGETTE BOYMAN ADDRESS 3940 PARKER	
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) Bronchopneumonia, bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility - age 86 DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. INTERVAL BETWEEN ONSET AND DEATH	
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? 491X	
22. I hereby certify that I attended the deceased from 4-23-52, 19__, to 2-16-54, 19__, that I last saw the deceased alive on 2-16-54, 19__, and that death occurred at 1:30 Pm., from the causes and on the date stated above.			
23a. SIGNATURE Kathleen Smith		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 2-17-54		23d. (Degree or title) MD	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2-19-1954	
24c. NAME OF CEMETERY OR CREMATORY ST. GEORGES CEMETERY		24d. LOCATION (City, town, or county) (State) NEW BADEN ILL	
DATE REC'D BY LOCAL REG. FEB 18 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Arnold Michel		ADDRESS 5930 Southwest	

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.....
Signature of Student Embalmer

Signed *Donald O Yearhus*.....

Licensed Embalmer No. *39*.....

P. O. Address *St Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.