

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17462

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 1218			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR Richmond Heights		c. LENGTH OF STAY (In this place) 1 Mo.		c. CITY OR TOWN Jennings 4/13 St. Louis 0		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's Hosp.				e. STREET ADDRESS (If rural, give location) 9110 Halls Ferry Rd					
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth			b. (Middle) --		c. (Last) Stueber		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 12, 1875		9. AGE (In years last birthday) Months Days Hours Min. 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework at Home			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME HENRY JACOBMEIER			13b. MOTHER'S MAIDEN NAME MARY LEWIS			14. NAME OF HUSBAND OR WIFE Anton Stueber			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anthony Stueber 9110 Halls Ferry Rd				
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) Papillary Adeno carcinoma thyroid				INTERVAL BETWEEN ONSET AND DEATH 18 months	
				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. Senility and generalized arteriosclerosis					
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)		194X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 May 13, 1950, to May 23, 1954, that I last saw the deceased alive on May 23, 1954, and that death occurred at 11:45 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph V. Finnegan, M.D.					23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 5-24-54		
24a. BURIAL OR CREMATION, REMOVAL (Specify) Removal		24b. DATE May 26, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) ST. LOUIS, Mo.			
DATE REC'D BY LOCAL REG. 5-25-54		REGISTRAR'S SIGNATURE Nehbert R. Donk, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock		ADDRESS 2117 E. Grand.		

S2V

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. W. Fenner  
714 Metro Bldg

**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 *Robert M. Turner*

Licensed Embalmer No. *3749*

P. O. Address .....

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.