

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No.

25306

318

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No. 7016	
1. PLACE OF DEATH a. COUNTY 318				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 1 Week		c. CITY OR TOWN ST. LOUIS, MO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist, Hospital				e. STREET ADDRESS (If rural, give location) 2229 2704 Caroline		2229	
3. NAME OF DECEASED (Type or Print) a. (First) CLARA		b. (Middle) FRANCES		c. (Last) STUTZ		4. DATE OF DEATH (Month) (Day) (Year) JULY 27, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 8, 1878		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Stutz		13b. MOTHER'S MAIDEN NAME Elizabeth Arnold		14. NAME OF HUSBAND OR WIFE ---			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Wainwright, 2704 Caroline, St. Louis, Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic myocarditis & nephritis</i> ANTECEDENT CAUSES Morbidity 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. <i>Generalized Arteriosclerosis & Obesity</i>				INTERVAL BETWEEN ONSET AND DEATH	
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)		21f. HOW DID INJURY OCCUR? 4221	
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"/>					
22. I hereby certify that I attended the deceased from 7-21-1954 to 7-27-1954, that I last saw the deceased alive on 7-27-1954, and that death occurred at 9:30 AM on the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>J. Earl Smith MD</i>				23b. ADDRESS 2500 S. Kingshighway		23c. DATE SIGNED 7-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE July 30, 1954		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUL 29 1954		REGISTRAR'S SIGNATURE <i>J. Earl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin F.H. 2301 Lafayette, St. Louis, Mo.			

457C

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. D. Huestis
2500 So. K. Highway
1-3 Bm.

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 *James R. Chapman*

Licensed Embalmer No. 45

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.