

FILED AUG 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 25739

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1872

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>BRENTWOOD</b>	c. LENGTH OF STAY (In this place) <b>5 YR.</b>	c. CITY OR TOWN <b>BRENTWOOD</b>	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 <b>2928 COLLIER</b>		e. STREET ADDRESS (If rural, give location) <b>2928 COLLIER</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>J</b> c. (Last) <b>STAHL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 29 54</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-13-1873</b>	9. AGE (In years last birthday) Months Days Hours Mins. <b>80 11 16</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. SERVICE MAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OFFICE MACHINES</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>MICHAEL STAHL</b>	13b. MOTHER'S MAIDEN NAME <b>SELENA - UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MARGUERITE - STAHL</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE 492-03-2603</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARGUERITE - STAHL - 2928 COLLIER</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>  <b>16 yrs estimated</b> <b>20 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart block complete (Stokes Adams syndrome)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension arteriosclerotic</b> DUE TO (c) <b>Arteriosclerosis general</b>		
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 <b>447X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6/25, 1953, to 7/29, 1954, that I last saw the deceased alive on 7/29, 1954, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>CH Bockelman M.D.</b>	23b. ADDRESS <b>2615 Brentwood Blvd</b>	23c. DATE SIGNED <b>7/30/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-31-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LAKE CHARLES CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
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DATE REC'D BY LOCAL REG. <b>7/31/54</b>	REGISTRAR'S SIGNATURE <b>Heberl K. Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JAY-B-SMITH - MAPLEWOOD - 17-MO.</b>
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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..... *H. Burgess* .....  
Licensed Embalmer No. *402* .....  
P. O. Address *Maple* .....

**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.**