

FILED DEC 16 1954

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) <b>St. Louis</b>				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				STREET ADDRESS (If rural, give location) <b>3622 Dover Pl.</b>		2019							
3. NAME OF DECEASED (Type or Print) <b>MARY</b>			a. (First)		b. (Middle)		c. (Last) <b>STODIECK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 19 1954</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>2 Sep. 3, 1883</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Martin Oerter</b>				13b. MOTHER'S MAIDEN NAME <b>Unknown</b>				14. NAME OF HUSBAND OR WIFE <b>Late John J. Stodieck Sr</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John J. Stodieck Jr. #7 Ladue Lane</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitastasis Ca of Liver from colon</b>		ANTECEDENT CAUSES								2 1/2 yrs.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.											
19a. DATE OF OPERATION <b>11/15/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Removal of l. colon for Ca.</b>								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) <b>153 X</b>								
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 <b>2/15, 1952</b> , to <b>11/19, 1954</b> , that I last saw the deceased alive on <b>1/19, 1954</b> , and that death occurred at <b>7:55P m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>Ralph Berg MD.</b>				(Degree or title)				23b. ADDRESS <b>3703 S Grand</b>		23c. DATE SIGNED <b>11/20/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 22, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem.</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>						
DATE REC'D BY LOCAL REG. <b>NOV 22 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser 4228 S. Kingshighway Bl.</b>							

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *John A. Stearns*.....  
Licensed Embalmer No. 45.....

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.