

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11690 11690
Registrar's No. 11690

44030

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN St. Louis		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 3103 Lismore St.			e. STREET ADDRESS (If rural, give location) 28 3103 Lismore St.		
3. NAME OF DECEASED (Type or Print) Joseph		a. (First)	b. (Middle) C.	c. (Last) Stamm	4. DATE OF DEATH (Month) (Day) (Year) 12-21-54
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 12, 1880	9. AGE (In years last birthday) 74	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Cabinet Maker.
11. BIRTHPLACE (City and State or Foreign Country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Peter Stamm	
13b. MOTHER'S MAIDEN NAME Mary Vadenberg		14. NAME OF HUSBAND OR WIFE None		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 Miss Theresa Stamm		ADDRESS 3103 Lismore	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach INTERVAL BETWEEN ONSET AND DEATH _____ 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.			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT (Specify) SUICIDE		
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? 151X		22. I hereby certify that I attended the deceased from Sept 1954 to Dec 1954 , that I last saw the deceased alive on Dec 20, 1954 , and that death occurred at 4:45 P.M. , from the causes and on the date stated above.		
23a. SIGNATURE A. H. Sawyer		(Degree or title)	23b. ADDRESS 2342 St. Louis		23c. DATE SIGNED 1/4/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-24-54	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo		25. FUNERAL DIRECTOR'S SIGNATURE Robert D. Kinealy
DATE REC'D BY LOCAL REG. DEC 23 1954	REGISTRAR'S SIGNATURE J. Carl Smith		ADDRESS 2228 St. Louis Av		

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 *Stanley H. Dixon*.....
Licensed Embalmer No. *419*.....
P. O. Address *St. J.*.....

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.