

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1955

1003 State File No. **6534**
1068 Registrar's No.

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| BIRTH NO. | | REG. DIST. NO. 318 | PRIMARY REG. DIST. NO. | Registrar's No. 1068 |
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) 2mo | c. CITY OR TOWN St. Louis | 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 City Hospital | | e. STREET ADDRESS (If rural, give location) 5502 Vermont Avenue | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) George | | b. (Middle) P. | c. (Last) Stahl | 4. DATE OF DEATH (Month) (Day) (Year) 2 - 3 - 1955 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 4 - 18 - 1878 | 9. AGE (In years last birthday) Months Days Hours Min. 76 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | 10b. KIND OF BUSINESS OR INDUSTRY Barber | 11. BIRTHPLACE (City and State or Foreign Country) New Athens, Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Wilhelm Stahl | | 13b. MOTHER'S MAIDEN NAME Thekla Bitterwolf | 14. NAME OF HUSBAND OR WIFE Mary Stahl | |
| 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. 487-36-9037 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna M. Milz, 932 Currwood Dr. | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Left Hip; Generalized Arterio Sclerosis; suffered in fall at City Hospital, Gary 20 1955 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. about 12:30 a.m. Resident | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION about 12:30 a.m. Resident | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT OR SUICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shop | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 20 55 12:30 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? E9047 | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2058 m., from the causes and on the date stated above. 45 | | | | |
| 22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner | | 22b. ADDRESS 31300 Clark | | 22c. DATE SIGNED 2-4-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation | 24b. DATE 2/5/55 | 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | |
| DATE REC'D BY LOCAL REG. FEB 4 1955 | REGISTRAR'S SIGNATURE J. Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd. | | |

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 *Walter R. Sawyer*

Licensed Embalmer No. *423*

P. O. Address *H. 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.