

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34530  
9465

FILED NOV 15 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	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>		e. STREET ADDRESS (If rural, give location) <b>16 3433 Louisiana Ave.</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) <b>ELBA</b>		a. (First) _____	b. (Middle) _____	c. (Last) <b>AFF</b>
4. DATE OF DEATH <b>Oct 29 1955</b>		(Month) (Day) (Year)	5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 30, 1874</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Forestel, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William H. Crismer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Schaffert</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Aff</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Arthur Stuckemberg, 5433 Childress</b> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolus</b>		ANTECEDENT CAUSES <b>Pneumonia, femoral veins</b>		?
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____		?
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <b>Pulmonary edema acute heart disease, arteriosclerosis, arteriosclerosis, generalized</b>		1 1/2 hours ? ?
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>463 x</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) _____	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 _____		
22. I hereby certify that I attended the deceased from <b>10/29</b> , 19 <b>55</b> , to <b>10/29</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10/29</b> , 19 <b>55</b> , and that death occurred at <b>7:45 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Ernest V. Stuebel M.D.</b> (Degree or title)		23b. ADDRESS <b>6200 Hoffman Ave</b>		23c. DATE SIGNED <b>10/29/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>Nov. 1, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Old St. John's Cemetery</b> d. LOCATION (City, town, or county) (State) <b>Mehlville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 31 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hoffmeister</b> ADDRESS <b>Colonial Mortuary 6161 Chippewa St., St. Louis, Mo.</b>

S.P. (Licensed Embalmer's Statement on Reverse Side)

---

---

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 *Henry J. Schuman*.....  
Licensed Embalmer No. *2679*

P. O. Address *7514 1/2 Broadway*

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.