

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42928

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2987

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 OR TOWN <b>Kirkwood</b> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <b>Glendale</b> <small>(If rural, give location)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		e. STREET ADDRESS <b>916 Chelsea</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>August</b> b. (Middle) <b>G.</b> c. (Last) <b>Stohlmann</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 20 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 3, 1874</b>
9. AGE (In years by birthday) <b>81 yrs.</b>		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building &amp; Repairs</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Des Peres, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Gustave Stohlmann</b>		13b. MOTHER'S MAIDEN NAME <b>Emelie Hoch</b>	
13c. NAME OF HUSBAND OR WIFE <b>Eva Josephine Booth Stohlmann</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. E.J. Stohlmann</b>		ADDRESS <b>916 Chelsea</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic lymphatic leukemia</b>  ANTECEDENT CAUSES Morbidity 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. <b>Chr. obstructive prostatic</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>			
19a. DATE OF OPERATION <b>12/20/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Hypertrophied prostate gland - TURP.</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 <u>1-15</u> , 19 <u>55</u> , to <u>12/20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-20</u> , 19 <u>55</u> , and that death occurred at <u>11:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>C. Stoesli MD</b>		23b. ADDRESS <b>Kirkwood, Mo.</b>	
23c. DATE SIGNED <b>12/21/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-23-55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Churchyard</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-21-55</b>		REGISTRAR'S SIGNATURE <b>Heckard F. Ambe, M.D.</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>FEIDERWIEDEN F.H. INC.</b>		ADDRESS <b>1936 St. Louis</b>	

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. None working under my personal supervision..

Student..... None .....  
Signature of Student Embalmer

Signed..... Delis J. Krupar .....

Licensed Embalmer No. 34

P. O. Address St. Louis

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.