

FILED JAN 17 1956

REG # 13385

SL # 8479

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3038

State File No. 133

Registrar's No. 133

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 MISSOURI b. COUNTY ST. GENEVIEVE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 1 DAY	c. CITY OR TOWN WEINGARTEN		d. In 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 VETERANS ADMINISTRATION HOSP.			e. STREET ADDRESS (If rural, give location) 0957		
3. NAME OF DECEASED (Type or Print)		a. (First) FRANK	b. (Middle) X	c. (Last) STOLL	4. DATE OF DEATH (Month) (Day) (Year) 1-4-56
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-13-86	9. AGE (In years last birthday) 69	if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) RIVER AUX VASES, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME XAVIER STOLL		13b. MOTHER'S MAIDEN NAME BARBARA TRAUTMAN		14. NAME OF HUSBAND OR WIFE ROSE STOLL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Disease due to Hypertension of the lesser circulation	ANTECEDENT CAUSES Hypertension of the lesser circulation Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Fibrosis DUE TO (c) Chronic Bronchitis				3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus					3 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443 x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 1-3-56 , 19 56 , to 1-4-56 , 19 56 , that I was on the deceased's death certificate, and that death occurred at 11:05 Pm. , from the causes and on the date stated above.					
23a. SIGNATURE Earl H. Hoppe (Degree or title) M. D.			23b. ADDRESS VAH, ST. LOUIS, MISSOURI		23c. DATE SIGNED 1-5-56
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 1-5-56	24c. NAME OF CEMETERY OR CREMATORY Lady Help of Christians Weingarten, Mo.		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG JAN 5 1956		REGISTRAR'S SIGNATURE Earl H. Hoppe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

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

1956
FEB 8

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 *Elton H. Reuelius*.....

Licensed Embalmer No. *4283*

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.