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FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18700
4940
Registrar's No.

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) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) March, 1954
c. CITY OR TOWN St. Louis.
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) St. Louis Chronic Hospital
e. STREET ADDRESS (If rural, give location) 5800 Arsenal St. 2B90

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) H. c. (Last) Stamer.
4. DATE OF DEATH (Month) (Day) (Year) May 20, 1956

5. SEX Male. 9
6. COLOR OR RACE White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Sep.
8. DATE OF BIRTH Jan. 20, 1873
9. AGE (In years last birthday) 83
IF UNDER 1 YEAR Months 5
IF UNDER 24 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Unk. 9
12. CITIZEN OF WHAT COUNTRY? unknown

13a. FATHER'S NAME Diedrich Stamer.
13b. MOTHER'S MAIDEN NAME Louise ?
14. NAME OF HUSBAND OR WIFE

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Record's.

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Cerebral Arteriosclerosis*
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) *Generalized Arteriosclerosis*
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. *Arterioelectric Heart Disease*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

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) 334x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1954, to May 20, 1956, that I last saw the deceased alive on May 20, 1956, and that death occurred at 1:10 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George M. Jenks, M.D.
23b. ADDRESS 5800 Arsenal
23c. DATE SIGNED May 21, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation
24b. DATE 5-23-56
24c. NAME OF CEMETERY OR CREMATORY City Crematory
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. MAY 22 1956
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Ryan 5600 Arsenal St.

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 emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed..... Cremated by City

Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.