

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18732

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State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 4689

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Home		e. STREET ADDRESS (If rural, give location) 12 5351 Delmar Blv'd. 2290					
3. NAME OF DECEASED (Type or Print) a. (First) Ella		b. (Middle) R		c. (Last) Sturm			
4. DATE OF DEATH (Month) (Day) (Year) 5 14 56		5. SEX female		6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct, 4 1892		9. AGE (in years last birthday) 63			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office clerk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Metamora, Indiana			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Monsoe Rothsack		13b. MOTHER'S MAIDEN NAME Anna Smith			
14. NAME OF HUSBAND OR WIFE Albert Sturm		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 498-03-3734			
17. INFORMANT'S SIGNATURE OR NAME Masonic Home		ADDRESS 5351 Delmar Blv'd.					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia - Uremia</u> ANTECEDENT CAUSES <u>Nephritis, Chronic</u> DUE TO (b) <u>Nephritis, chronic</u> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS <u>Generalized arteriosclerosis and arteriosclerotic heart disease</u> <u>Gen. Arteriosclerosis &amp; Arteriosclerotic heart disease.</u>				INTERVAL BETWEEN ONSET AND DEATH 10 days 5 years 20 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 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 5-14-56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Dec 55 5-14-56			
22. I hereby certify that I attended the deceased from <u>December, 1955</u> , to <u>5-14-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-14</u> , 19 <u>56</u> , and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold E. Walters, M.D.</u>		23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 5-14-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE May 15, 1956		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory			
24d. LOCATION (City, town, or county) (State) St. Louis county Mol		DATE REC'D BY LOCAL REG. MAY 14 1956					
REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. P. Popton & Sons, 7233 DELMAR BLVD.					

(Licensed Embalmer's Statement on Reverse Side)

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..

Student.....  
Signature of Student Embalmer

Signed *Arnold W. Schoene*.....

Licensed Embalmer No. *386*  
P. O. Address *St. Louis*

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.