

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32798**

FILED SEP 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2083**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Manchester, Mo.</b>		c. CITY OR TOWN <b>Richmond Hts. 1</b>	
c. LENGTH OF STAY (in this place) <b>5 years</b>		d. 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 <b>Manchester Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>#16 Berkshire</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>IDA</b>		b. (Middle) <b>M.</b>	
c. (Last) <b>STELZLENI</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3, 1956</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Dec. 16, 1865</b>	
9. AGE (In years last birthday) <b>90</b>		IF UNDER 1 YEAR (Month) (Day) (Year) _____	
IF UNDER 24 HRS. (Hour) (Min.) _____		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>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Joseph Weisz</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Baumgartner</b>		14. NAME OF HUSBAND OR WIFE <b>Late Dr. George Stelzleni</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Agnes Flannery</b>		ADDRESS <b>#16 Berkshire R. H.</b>	
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) <b>CHRONIC MYOCARDITIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, 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) <b>ARTERIO SCLEROSIS</b>	
DUE TO (c) <b>SENILITY</b>		?	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>NONE</b>	
19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>-</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4221</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>-</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>-</b>		22. I hereby certify that I attended the deceased from <b>MAY 1, 1956</b> , to <b>SEPT. 3, 1956</b> , that I last saw the deceased alive on <b>SEPT. 1, 1956</b> , and that death occurred at <b>8:50 P. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>B. R. Loving</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>BALLWIN, MO.</b>	
23c. DATE SIGNED <b>9-4-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>9-5-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b> ADDRESS <b>4228 S. Kingshighway Bl.</b>	
DATE REC'D BY LOCAL REG. <b>9-4-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dowling</b>	

**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..... *William B. White*

Licensed Embalmer No. *4781*

P. O. Address *4278 R. King*

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.