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-56  
Director, Colorado, etc. must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43952

KC- 310053  
SL- 10080

FILED DEC 20 1956

318

1003

STATE FILE NUMBER

10778

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>915 N. GRAND. ST. LOUIS, MO</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u> <u>4796</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u> Length of stay in lb <u>8 DAYS</u>		d. STREET ADDRESS <u>136 N. HOLMES AVE.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLARD H STUTZMAN</u>			4. DATE OF DEATH Month Day Year <u>NOVEMBER 22, 1956</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-26-26</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR Months Days Hours Min. <u>11 26</u> IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) <u>ROBINSON, KANSAS</u> /
11. FATHER'S NAME <u>JAMES STUTZMAN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JAMES STUTZMAN</u>		14. MOTHER'S MAIDEN NAME <u>MARY PETERSON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WW I</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT <u>VA HOSPITAL RECORDS</u>		Address <u>MISSOURI</u> <u>915 N. GRAND. ST. LOUIS</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE MYOCARDIAL INFARCTION, ETIOLOGY UNKNOWN</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>420.1</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>OSTEOMYELITIS, RIGHT FEMUR (Operated 11-21-56)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>VA</u>		CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11-14-56</u> to <u>11-22-56</u> and last saw <u>him</u> live on <u>11-22-56</u> Death occurred at <u>7:10</u> P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. P. Westphaelinger</u> (Printer's Name) <u>M. D.</u>		22b. ADDRESS <u>915 N. Grand</u> <u>W. H. ST. LOUIS, MISSOURI</u>	
22c. DATE SIGNED <u>11-23-56</u>		22d. SIGNATURE <u>J. Carl Smith, M.D.</u>	
23a. DATE OF REMOVAL <u>11/26/56</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
23c. LOCATION (City, town, or county) <u>Kirkwood, Mo.</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Louis H. Boff</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 26 1956</u>	
ADDRESS <u>Mc. Kirkwood</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> <u>m. J. B.</u>	

**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 *Francis J. W. [Signature]*  
.....

Licensed Embalmer No. 45.

P. O. Address *Wilkes-Barre*

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