

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3117  
581

State File No. ....

Registrar's No. ....

**FILED FEB 4 1957**

**318**

**1003**

No. 300  
10.48

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>Lifetime</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is 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>4322 Manchester Ave</b>				STREET ADDRESS (If rural, give location) <b>4322 Manchester Avenue (10)</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>W.</b> c. (Last) <b>STILES</b>			4. DATE OF DEATH <b>Jan. 18, 1957</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 10, 1891</b>		
9. AGE (In years last birthday) <b>65</b>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 24 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrical Worker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>City St. Louis</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John W. Stiles</b>			13b. MOTHER'S MAIDEN NAME <b>Virginia Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Stiles</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-10-9668</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ida Stiles</b> ADDRESS <b>4322 Manchester Avenue</b>				
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) <b>Chc Pneumonia!</b>				1 yr
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral thrombosis i rt. hemiplegia</b>				2 weeks
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>525X</b>				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) _____ m. _____		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 <b>Dec 16, 1956</b> to <b>Jan 18, 1957</b> , that I last saw the deceased alive on <b>Jan 18, 1957</b> , and that death occurred at <b>10 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>G. Kleinschmidt MD</b> (Degree or title)				23b. ADDRESS <b>508 N Grand Ave</b>		23c. DATE SIGNED <b>1/18/57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-21-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) <b>St. Louis</b> (State) <b>MO</b>			
DATE REC'D BY LOCAL REG. <b>JAN 19 1957</b>		REGISTRAR'S SIGNATURE <b>g Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>SUEDMEYER &amp; SON'S</b> ADDRESS <b>3934 N. 20th. Street</b>				

*(Embalmer's Statement on Reverse Side)*

**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: *Gustav W. Dieter*

Licensed Embalmer No. *432*

P. O. Address *St Louis 9*

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.