

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1199

No. 300  
10-48

FILED FEB 25 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY COOK			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 12 Hrs		c. CITY OR TOWN CHICAGO	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) EMILY b. (Middle) M. c. (Last) STEMLER.		4. DATE OF DEATH (Month) (Day) (Year) FEB. 4, 1957		5. STREET ADDRESS (If rural, give location) 1819 No. KARLOV 81208	
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 25, 1894	9. AGE (In years last birthday) 62	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 4 KRAKOW, AUSTRIA	
12. CITIZEN OF WHAT COUNTRY? -UMK.		13a. FATHER'S NAME UNK. KAPLER		13b. MOTHER'S MAIDEN NAME UNKNOWN.	
14. NAME OF HUSBAND OR WIFE JACOB STEMLER.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY BURZEN, FLOISSANT, MO.					

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus with		ANTECEDENT CAUSES Kimmelstein Wilson's disease			1.0 years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) 260X			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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? None	

22. I hereby certify that I attended the deceased from 12-24, 1956, to 2-4, 1957, that I last saw the deceased alive on 1-29, 1957, and that death occurred at 9:45 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward P. Reh MD		23b. ADDRESS 15 Duval St. Florissant Mo		23c. DATE SIGNED 2-4-57	
24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		24b. DATE 2-5-57		24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S	
				24d. LOCATION (City, town, or county) (State) CHICAGO, ILL.	

DATE REC'D BY LOCAL REG. FEB 6 '57		REGISTRAR'S SIGNATURE Charles Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE Gene Sputchens ADDRESS FLOISSANT, MO	
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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 embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gene P. Satchers*

Licensed Embalmer No. *498*

P. O. Address *Flourish*

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.