

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 26599
Registration District No. 318 Primary Registration District No. 1003 Registrar No. 6822

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital		d. STREET ADDRESS 4600 Louisiana Ave.	
3. NAME OF DECEASED (Type or print) First Julius Middle Last Stein		4. DATE OF DEATH July 22 - 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 23, 1863
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (retired)		10b. KIND OF BUSINESS OR INDUSTRY Dry Goods	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Stein		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Harry Sigg - 4600 Louisiana Ave.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation,..... DUE TO (b) Chronic endocarditis,..... DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Prostatic hypertrophy			INTERVAL BETWEEN ONSET AND DEATH 2 weeks 10 years
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.) 421.4	
20c. TIME OF INJURY Hour <input type="checkbox"/> 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		COUNTY STATE	
21. I attended the deceased from Nov. 1, 1951 to July 22, 1957 and last saw her alive on July 21/57 Death occurred at 6:45 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. M. Peters (Degree or title) M.D.		22b. ADDRESS 4145 a S. Grand Blvd.	
22c. DATE SIGNED 7/22/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 24, 1957	
23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 ADDRESS Gravois Ave.		25. DATE RECD. BY LOCAL REG. JUL 22 57	
26. REGISTRAR'S SIGNATURE Carl Smith MD			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

X working under my personal supervision..

Student Signature of Student Embalmer

Signed *Frank J. Hand* Licensed Embalmer No. 9

P.O. Address *W. L. ...*

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.