

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016507
STATE FILE NUMBER

FILED MAY 12 1958

318

1003

4143

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

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OVERLAND
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES Hosp.		Length of stay in lb 10 DAYS	d. STREET ADDRESS (If outside, give location) 9428 RIDGE
3. NAME OF DECEASED (Type or print) First LOUIS Middle F Last STOHLMAN		4. DATE OF DEATH Month 4 Day 14 Year 58	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-6-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. MOTOR WINDER		10b. KIND OF BUSINESS OR INDUSTRY WAGNER ELEC.	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and state or country) HANOVER ILL		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LEOPOLD-STOHLMAN		13b. MOTHER'S MAIDEN NAME ELIZABETH - UNKNOWN	14. NAME OF HUSBAND OR WIFE OLGA-STOHLMAN
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. 493-09-5504	
17. INFORMANT OLGA-STOHLMAN		Address 9428 RIDGE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterio sclerosis DUE TO (c) 331x			INTERVAL BETWEEN ONSET AND DEATH 14 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 Apr. 4, 1958 to Apr. 14, 1958 and last saw him alive on Apr. 13, 1958 Death occurred at 1:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edwin P. Meiners M.D.		22b. ADDRESS 6651 Enright Ave.	
22c. DATE SIGNED 4/15/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-16-58	23c. NAME OF CEMETERY OR CREMATORY LAUREL HILL GARDENS	23d. LOCATION (City, town, or county) (State) ST. LOUIS Co, MO
24. FUNERAL DIRECTOR JAY B. SMITH ADDRESS Maplewood 17 Mo		25. DATE RECD. BY LOCAL REG. APR 16 '58	
26. REGISTRAR'S SIGNATURE Jay B. Smith MD			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J.P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.