

STANDARD CERTIFICATE OF DEATH

58-016510

STATE FILE NUMBER

FILED APR 25 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4247

300

-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Phelps 0810	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN NEWBERG
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Length of stay in lb 38 Days	d. STREET ADDRESS (If outside, give location) 31 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EDWARD STOLL			4. DATE OF DEATH Month Day Year APRIL 17, 1958	
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 10-25-95	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) JEWELRY BUSINESS		10b. KIND OF BUSINESS OR UNKNOWN	11. BIRTHPLACE (City and state or country) KANSAS	
13a. FATHER'S NAME FRANK STOLL		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARY STOLL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-I	16. SOCIAL SECURITY NO.	17. INFORMANT Address VAH RECORDS 915 N. GRAND ST. LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION DUE TO ARTERIOSCLEROSIS CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) GENERALIZED ARTERIOSCLEROSIS	-
	DUE TO (c) - - - - -	-
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL VASCULAR ACCIDENT, OLD 420.1	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" 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 <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. attended the deceased from 3-10-58 to 4-17-58 and last saw him alive on 4-17-58 Death occurred at 7:10 PM m of the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Print name) Joseph I. Callahan	22b. ADDRESS VAH ST. LOUIS, MISSOURI	22c. DATE SIGNED APR 18 '58

BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-18-58	23c. NAME OF CEMETERY OR CREMATORY JOSEPH I. CALLAHAN, M.D. Local	23d. LOCATION (City, town, or county) (State) Newourg, Mo.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington, Divd.	25. DATE RECD. BY LOCAL REG. APR 18 '58	26. REGISTRAR'S SIGNATURE Charles Smith	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 30 1953

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 *John J. Haines*
Licensed Embalmer No. *4108*
P. O. Address *St Louis Mo*

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.