

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016963

STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1013

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>1</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Normandy</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>O'Sullivan Nursing</u>			Length of stay in 1b <u>5 yrs. 9</u>	d. STREET ADDRESS (If outside, give location) <u>2925 Kemp Av.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>George</u> Last <u>Stetson</u>				4. DATE OF DEATH Month <u>Apr</u> Day <u>9</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 4 1872</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) <u>Retired molder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>factory</u>	11. BIRTHPLACE (City and state or country) <u>Honey Creek Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>George Stetson</u>				14. MOTHER'S MAIDEN NAME <u>Mathilda Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no) or unknown (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-07-8770</u>		17. INFORMANT Address <u>Albert Stetson 2925 Kemp Av.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis Heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>4200</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Pericarditis, Senile dementia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
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 checked="" 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 <u>Feb 7, 1952</u> to <u>April 9, 1958</u> and last saw <u>him</u> alive on <u>4/7/58</u> Death occurred at <u>9</u> <u>00</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Lewis Dittmann MD</u> (Degree or title)				22b. ADDRESS <u>8231 Clayton Rd (17)</u>		22c. DATE SIGNED <u>4/11/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-12-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Our Redeemer Cem</u>		23d. LOCATION (City, town, or county) <u>St. Louis Co. Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Witt Bro. & Co 2929 S. Jefferson</u>			ADDRESS <u>4-11-58</u>		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
300
-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Other Service, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar F. With
.....

Licensed Embalmer No. 211

P. O. Address 2929 S. Jefferson

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.