

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042899  
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2963

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LEMAY</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>LEMAY</b> 4860
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LEMAY NURSING HOME</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>1204 TELEGRAPH RD</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>MINNIE</b> Middle <b>B</b> Last <b>STUMPF</b>			4. DATE OF DEATH Month <b>NOV</b> Day <b>14</b> Year <b>1958</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV 19 1867</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED DRESS MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS MO 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>	
13a. FATHER'S NAME <b>JOHN STUMPF</b>		13b. MOTHER'S MAIDEN NAME <b>UNK.</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNK.</b>	17. INFORMANT <b>ELMER FISCHER</b> Address <b>4229 SO 38th ST.</b>
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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) <b>CARDIAC DECOMPENSATION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	<b>4344</b>
	DUE TO (c) _____	
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"/> <b>2</b>

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 <b>ST. LOUIS</b>	COUNTY	STATE
21. I attended the deceased from <b>Oct 1958 to Nov 14 58</b> and last saw her alive on <b>Nov-12-1958</b> Death occurred at <b>9:45 P. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <b>John W. Wankel M.D.</b>		22b. ADDRESS <b>3606 Gravois St. Louis</b>		22c. DATE SIGNED <b>11-15-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify). <b>CREMATION</b>	23b. DATE <b>NOV 17 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA CREMATORY</b>	23d. LOCATION (City, town, or county) <b>ST. LOUIS</b>	(State) <b>MO</b>
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24. FUNERAL DIRECTOR <b>Thomas Kutis</b> ADDRESS <b>2906 Gravois</b>	25. DATE RECD. BY LOCAL REG. <b>11-15-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Wankel, M.D.</b>
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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 *Samuel C. Hill* .....

Licensed Embalmer No. *43471* .....  
P. O. Address *2906 ...* .....

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.