

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003680

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 174

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6255 Clemens Ave.		Length of stay in 1b 3 Years	d. STREET ADDRESS (If outside, give location) 6255 Clemens Ave.

3. NAME OF DECEASED (Type or print) Mr. Winfield Scott Stampfer			4. DATE OF DEATH Month Jan. Day 15, Year 1959	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 29, 1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired salesman		10b. KIND OF BUSINESS OR INDUSTRY Gaylord Container	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Nathan Stampfer		13b. MOTHER'S MAIDEN NAME Rose Reitler		14. NAME OF HUSBAND OR WIFE Mildred B. Stampfer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) none		16. SOCIAL SECURITY NO. 492-03-328		17. INFORMANT Address Mildred B. Stampfer 6255 Clemens Ave.

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 THROMBOSIS, OLD & RECENT		INTERVAL BETWEEN ONSET AND DEATH 1 MONTH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CEREBRAL 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) HYPERTENSION, NEPHROSCLEROSIS		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. Month, Day, Year _____		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 SEPT 19 1958 to JAN 16 1959 and last saw him alive on 16 JAN, 1959 Death occurred at 1/15/59 at 5:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Robert A. Meyer M.D.	22b. ADDRESS 950 Francis Place	22c. DATE SIGNED 1/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/19/59	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
--	-----------------------------	--	--

24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. 1-18-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Jos. E. McCulloch*

Licensed Embalmer No. *2960*

P. O. Address *6175 Dllm*

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.