

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048308

FILED VS. DEC 16 1960 317 Primary Registration District No. 590 Registrar's No. 3457 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Valley Park | | Length of stay in 1b 3-mos. | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Moll Nursing Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Milner Hotel 1734 Washington Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Jacob Middle J. Last Stumpf | 4. DATE OF DEATH Month Nov. Day 26, Year 1960 |
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| 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 May 18, 1878 | 9. AGE (last birthday) 82yrs | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) machinist | 10b. KIND OF BUSINESS OR INDUSTRY McCabe Co. | 11. BIRTHPLACE (City and state or country) Columbia, Illinois | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Fred Stumpf | 13b. MOTHER'S MAIDEN NAME Elizabeth Klohr | 14. NAME OF HUSBAND OR WIFE Caroline Jehling Stumpf |
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| 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. 488-10-1483 | 17. INFORMANT Address Kenneth M. Hoff, 1608 Crabapple Lane |
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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) Cerebral Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH 2 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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| 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 |
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| 21. I attended the deceased from Sept 19, 1960 to Nov. 26, 1960 and last saw ^{her} him alive on Nov. 24, 1960 Death occurred at 3:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Robert A. Sanders, M.D. (Degree or title) | 22b. ADDRESS 1502 Cass St. St. Louis | 22c. DATE SIGNED 11-28-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE Nov. 29, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE-3634 Gravois Ave. | 25. DATE RECD. BY LOCAL REG. 11-29-60 | 26. REGISTRAR'S SIGNATURE John B. Murphy M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Delbert J. Krueger

Licensed Embalmer No. 345

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.