

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043234

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 3253 STATE FILE NUMBER

AMENDED

FILED NOV 30 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Overland		Length of stay in 1b 13 days	c. CITY OR TOWN Overland
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 22 Gocke Pl		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 22 Gocke Pl
3. NAME OF DECEASED (Type or print) Sarah Stelzer			4. DATE OF DEATH Month Day Year Nov. 16, 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 19 1893
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Cedarville Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Diodeate Jones	
13b. MOTHER'S MAIDEN NAME Mathilda Cox		14. NAME OF HUSBAND OR WIFE George Stelzer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Muriel Sallade 22 Gocke Pl	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction + hemorrhage of urinary bladder of carcinoma of uterus in situ			INTERVAL BETWEEN ONSET AND DEATH Nov 1 - 10th
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ?			
DUE TO (c) Generalized carcinomatosis			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 Nov 6th 1961 to Nov 10, 1961 and last saw her/him alive on Nov 10, 1961 Death occurred at 3:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. E. Ramol, M.D.		22b. ADDRESS Overland, Mo.	22c. DATE SIGNED 11/17/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 18 61	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon	23d. LOCATION (City, town, or county) St. Louis Cty Mo.
24. FUNERAL DIRECTOR ADDRESS E. J. Schnur 3125 Lafayette		25. DATE RECD. BY LOCAL REG. 11-17-61	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

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 *J. B. Volmer*

Licensed Embalmer No. 41014

P. O. Address 3125 7th St.

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.