

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004153

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 655 STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

1
2 270
3
4 0
5 2
6
7 0
8 2
9
10
11
12 90-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED IN DEATH JAN 25 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE <u>Missouri</u>	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4315 Kossuth Ave.</u>		d. STREET ADDRESS <u>4315 Kossuth Ave.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Leonard A Stamm</u>		4. DATE OF DEATH Month Day Year <u>January 20 1963</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>6/29/91</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plasterer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis</u>
13a. FATHER'S NAME <u>Charles E. Stamm</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Raab</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Doyle Stamm</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT NO. <u>58</u> Address <u>Vera Beintker 4252 Kossuth Ave.</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>Arterio Sclerotic Heart Disease</u> <u>Advanced Marked Pulmonary Emphysema</u> <u>Multiple Diverticulitis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bi-Lat Bronchiectasis</u> 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			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>2</u> <u>2</u>
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.) <u>420.0</u>	
20c. TIME OF INJURY Hour Month, Day, Year 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 COUNTY STATE	
21. I attended the deceased from <u>Nov 30-1962</u> to <u>1/20/63</u> and last saw him alive on <u>1/19/63</u> Death occurred at <u>4:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Bernard E. Ellis M.D.</u>		22b. ADDRESS <u>546 No 10 68th St</u>	22c. DATE SIGNED <u>1-20-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>JAN 24, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hiram Park Cemetery</u>	23d. LOCATION (City, town, or county) <u>Creve Coeur Mo.</u>
24. FUNERAL DIRECTOR <u>Morrell 3710 N. Grand Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 21 1963</u>	26. REGISTRAR'S SIGNATURE <u>Karl Smith, M.D.</u>

90

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 Albert Mayfield

Licensed Embalmer No. 3079

P. O. Address St. Louis Mo

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.