

FILED MAY 1 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER
124 69 0018161
3680

CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

DO NOT WRITE ON THIS STUB

9. 0
10a. 60
10b.
11. 2
12. 1
13. 953X
14.
15. 1
16. !
17.
18. 3
19. CREDITS
20.

VS 300
Rev. 1/68

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **Frank Stumpf** 2. **Male** 3. **April 12, 1969**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. **White** AGE—LAST BIRTHDAY (YEARS) 5a. **60** UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN DATE OF BIRTH (MONTH, DAY, YEAR) 6. **July 17, 1908** COUNTY OF DEATH 7a. _____

CITY, TOWN, OR LOCATION OF DEATH 7b. **St. Louis** INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. **yes** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. **City Hospital**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. **Yugoslavia** CITIZEN OF WHAT COUNTRY 9. **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. **Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. **Katharina Stumpf**

SOCIAL SECURITY NUMBER 12 _____ USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. **Marble and Tile Co.** KIND OF BUSINESS OR INDUSTRY 13b. _____

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

14a. **Missouri** 14b. _____ 14c. **St. Louis** 14d. **yes** 14e. **4681 Primm**

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. **Joseph Stumpf** 16. **Elizabeth Hoffman**

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. **Katharina Stumpf** 17b. **4681 Primm St. Louis, Mo. 63116**

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) **Suffocation due to hanging**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE (LAST)

(b) _____

(c) _____

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO) **yes** 19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH **yes**

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. **suicide** DATE OF INJURY (MONTH, DAY, YEAR) 20b. **4-12-69** HOUR 20c. **unk.** M. 20d. **Hanging** HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

INJURY AT WORK (SPECIFY YES OR NO) 20e. **No** PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f. **found in garage** LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g. **4681 Primm**

CERTIFICATION—PHYSICIAN: MONTH DAY YEAR TO MONTH YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. DECEASED FROM 21b. _____ 21c. _____ 21d. _____ 21e. _____

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. HOUR OF DEATH **11:40 A** M. 22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR **4 12 69 11:40 A** M.

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

23a. **Helen L. Taylor** 23b. **Helen L. Taylor, Coroner** 23c. **4-21-69**

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23d. **1300 Clark Ave., St. Louis, Mo.** _____ **63103**

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. **Burial** CEMETERY OR CREMATORY—NAME 24b. **SS Peter & Paul Cem** LOCATION 24c. **St. Louis, Missouri**

DATE (MONTH, DAY, YEAR) 24d. **April 15, 1969** FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. **John L. Ziegenhein and sons, 7027 Gravois, St. Louis, Mo. 63116**

FUNERAL DIRECTOR—SIGNATURE 26a. **Leonard B. Neater** REGISTRAR—SIGNATURE 26b. **Roal Smith, M.D.** DATE RECEIVED BY LOCAL REGISTRAR **APR 15 1969**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 W E Bony

Licensed Embalmer No. 4867

P. O. Address St John 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.