

DEL 12 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4277 Margaretta)

File No.
Registered No. 9923
St. Ward)

2. FULL NAME

(a) Residence, No. 4277 Margaretta St., 10 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Stehle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1880
7. AGE YEARS 55 MONTHS 4 DAYS 13 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Federick Stehle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Catherine Stehle
4277 Margaretta

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary DATE 11-28 1935

19. UNDERTAKER (ADDRESS) Witt Bros. & Co.
2929 Jefferson Ave

20. FILED NOV 26 1935 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1935, to Nov 25, 1935.
Last saw him alive on Nov 25 1935 Death is said

to have occurred on the date stated above, at 12:15 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of R Lung.

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) D. A. Thomson, M. D.

(Address) 3121 n Grand St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.