

DEC 12 1933

**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.....

Registration District No.....  
 Primary Registration District No.....

791

1003

File No.....  
 Registered No.....  
 St..... Ward.....

## 2. FULL NAME

(a) Residence, No. ....  
 (Usual place of abode)

Length of residence in city or town where death occurred

yrs. m<sup>o</sup>s. d<sup>o</sup>s.How long in U. S., if of foreign birth? yrs. m<sup>o</sup>s. d<sup>o</sup>s.

Charles Stehle

Margaretha

10

(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 **married** (write the word)

SA. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF **Catherine Stehle**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 22 1880**  
 7. AGE **55** YEARS **4** MONTHS **3** DAYS **1** 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 **Frederick Stehle**14. BIRTHPLACE (CITY OR TOWN)  
 (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
 (STATE OR COUNTRY) **Germany**17. INFORMANT **Catherine Stehle**  
 (ADDRESS) **4277 Margaretha Ln**18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **inset** DATE **11-28 33**19. UNDERTAKER **Will B. & H. Co.**  
 (ADDRESS) **3429 Jefferson Ave**20. FILED **DEC 26 1935** REGISTRAR **J. W. Bredeck**

## 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 deceased alive on **Nov 25 1935**. Death is said to have occurred on the date stated above, at **12 m.**. The principal cause of death and related causes of importance were as follows:

Date of onset

**Carcinoma of R Lung.**

Other contributory causes of importance:

Name of operation **no** Date of **19**  
 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 **D. A. Thomson**, M. D.(Signed) **D. A. Thomson**, M. D.(Address) **3121 n Grand Bl.**