

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

4261  
10683

**1. PLACE OF DEATH**

County..... Registration District No. 800 File No. 544  
 Township..... Primary Registration District No. 1003 Registered No. ....  
 City St Louis (No. 3647 Botanical Av. St. .... Ward)

**2. FULL NAME**

Marbelle Stoltz  
 (a) Residence. No. 3647 Botanical, St. 15 Ward. (If nonresident give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Charles J. Stoltz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27-1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
37 | 8 | 15 |   

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) At home  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madison Co.  
 (STATE OR COUNTRY) Ills.

10. NAME OF FATHER Jesse B. McPherson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.Y.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Duddard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.  
 (STATE OR COUNTRY)

14. INFORMANT Charles J. Stoltz  
 (Address) 3647 Botanical Av.

15. FILED 5 1922 Max B. Starkeoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1922

17. I HEREBY CERTIFY, That I attended deceased from 2-27 1922 to death 1922 that I last saw h. or alive on March 12 1922, and that death occurred, on the date stated above, at 11 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Typhoid fever  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? At home  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....  
 (Signed) Christian A. Gylmann, M. D.  
3/13, 1922 (Address) 1722 Finch Jefferson

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. DATE OF BURIAL March 15 1922

20. UNDERTAKER Putz Bros 2739 Lafayette ADDRESS

K. 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.

