WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

20099

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5866

City St. Louis (No. 5616 Pershing Ave. St. ..... Ward)

2. FULL NAME William H. Stauffer

(a) Residence. No. 5616 Pershing Ave. St., 5 Ward. .....
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth E. Stauffer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1862 - 10 - 22

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	8	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Canton
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Jacob E. Stauffer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Star Co.
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Barbara Hoffman

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

14. INFORMANT Mrs. Elizabeth Stauffer
(Address) 5616 Pershing Ave.

15. FILED JUN 26 1927, 19..... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 24 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1917, to June 24, 1927 that I last saw him alive on June 24, 1927, and that death occurred, on the date stated above, at 7.40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

90B

(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Anemia of abdominal aorta (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical Ex & Autopsy.

(Signed) W. P. Elmer, M. D

6/25, 1927 (Address) 618 University Club Bld

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Crematory

DATE OF BURIAL June 27 1927

20. UNDERTAKER Alexander & Sons

ADDRESS 6175 Delmar