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

Do not use this space.

19390

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 3645 Michigan Avenue St. ..... Ward)

File No. 5830

Registered No. .....

2. FULL NAME Ida Ella Stutz

(a) Residence. No. 3645 Michigan Avenue St., 16 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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur C. Stutz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13th, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	4	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) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Desota, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER James S. Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Desota, (STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Mary Asschambau

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Desota, (STATE OR COUNTRY) Missouri.

14. INFORMANT Arthur C. Stutz
(Address) 3645 Michigan Ave

15. FILED 1 30, 1923 Max C. Starkey Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28th, 1928.

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1928, to May 28, 1928 that I last saw her alive on May 28, 1928, and that death occurred, on the date stated above, at 7:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... 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? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Frank J. Stanze, M. D

5/29, 1928 (Address) 3924 S. Grand Bl. Morris Ave

*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	DATE OF BURIAL
SS. Peter & Paul	May 31, 1928.
20. UNDERTAKER	ADDRESS
Wacker-Helderle	2331 S. Bridge

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.