

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

Do not use this space.

43600

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 12921

City St. Louis (No. ....)

Mr. Baptist Sanitarium (Ward)

**2. FULL NAME**

Herminie Stelloh

(a) Residence No. 1825 Rauschenbach St. 20 Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? 50 yrs. mos. ds.

**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 Louisa Stelloh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14, 1872

7. AGE YEARS 56 MONTHS 4 DAY 14 If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED:  
(a) Trade, profession, or particular kind of work Shipping Clerk  
(b) General nature of industry, business, or establishment in which employed (or employer) Printing  
(c) Name of employer Concordia Publ. House

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

10. NAME OF FATHER Henry Stelloh

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Louisa Stelloh  
(Address) 1825 Rauschenbach

15. FILED 31 1928 Max L. Stark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1928, to Dec. 28, 1928, that I last saw him alive on Dec. 28, 1928, and that death occurred, on the date stated above, at 12:10 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

134B Pyelonephritis  
137A / 137B (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia, & some bladder yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH. No DATE OF .....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) George H. Homan, M. D.  
12/29, 1928 (Address) 957 Alida Bldg.

\*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 New Bethel Church DATE OF BURIAL 12/31 1928

20. UNDERTAKER Thos. W. Beidenwider ADDRESS St. Louis

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.

