

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

Do not use this space.

7475

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 257
City St. Louis (No. St. Louis Hospital)

File No.....
Registered No. 1430
St..... Ward.....

2. FULL NAME

(a) Residence, No. 2237-51st St. St. 12 Ward. East St. Louis Ill
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rev. Stockel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 8 1902</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>2</u>
	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

13. NAME Benny Westerkhold

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

15. MAIDEN NAME Louise Stock

16. BIRTHPLACE (CITY OR TOWN) Augusta Mo.
(STATE OR COUNTRY)

17. INFORMANT Rev. Stockel
(ADDRESS) 2237-51st St. East St. Louis Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grinders Run DATE Feb. 11, 1933

19. UNDERTAKER Reiderwieder Funeral Home Co.
(ADDRESS) 1936 St. Louis Ill

20. FILED FEB 17 1933 Max C. Stanley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1932 to Feb 7th 1933
I last saw her alive on Feb 7th 1933 Death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:

Pyelonephritis
Myocarditis Chronic
Spinal cord tumor benign
Date of onset 1/15/33

Other contributory causes of importance:
Palp
Name of operation Palp Date of 1/15/33
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

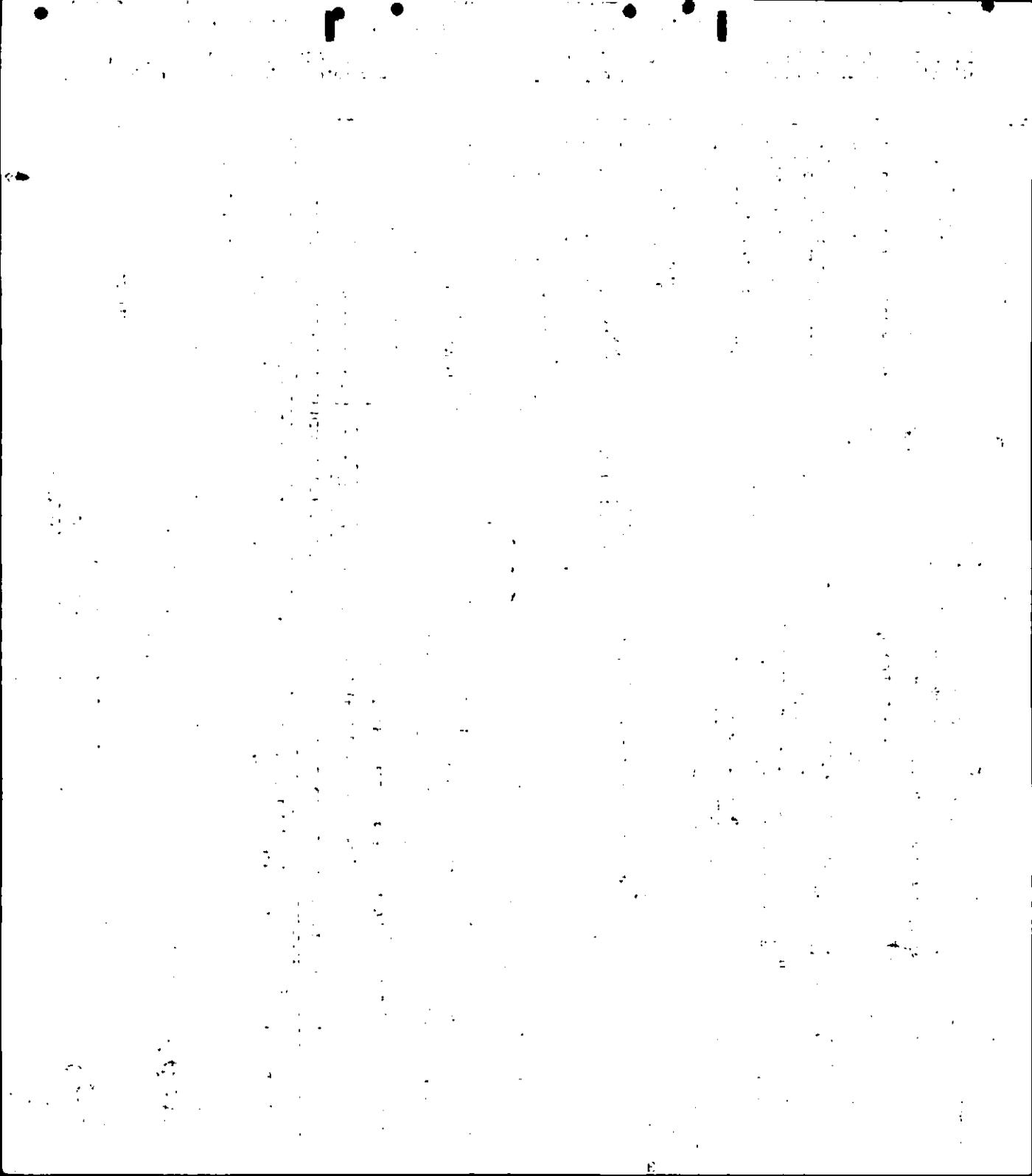
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)

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.....
(Signed) Dr. Robert F. Highland, M. D.
(Address) 2301 Park ave

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.



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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

Dr. JAMES STEWART,
SPECIAL AGENT,
JEFFERSON CITY, MISSOURI.

#2 7475-

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate. 1430

Name: Louise Staedel

Who died at St. Johns Ward St. Louis on Feb. 7-1953
(City) (Country) (Date)

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: _____

Other contributory causes of importance for cause of death

Name of operation Pelvic Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

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