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

Do not use this space.
37999

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 9623

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

City St Louis (No. 3132a Maury Ave St. ..... Ward)

2. FULL NAME Isabel Stiebel

(a) Residence, No. 3132a Maury Ave St., 17 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.

JAN 8 1934

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 Harry J. Stiebel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20-1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	8	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Mo

FATHER

13. NAME James J McCartney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

MOTHER

15. MAIDEN NAME Mary Byrne

16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

17. INFORMANT Harry J Stiebel
(ADDRESS) 3132a Maury Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 9 1933

19. UNDERTAKER Wacker & Helderle
(ADDRESS) 2337 Broadway

20. FILED NOV 10 1933 19..... J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1933, to Nov 6, 1933

I last saw h alive on Nov 6, 1933. Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Rupture of thoracic aneurism	
(2) Thoracic aneurism of descending aorta	3 yrs

Other contributory causes of importance:

Hypertension, Pneumonia, Diabetes

Name of operation No Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

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 No

(Signed) John A Brennan, M. D.

(Address) 401 Hunt Bldg.

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.