

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

Do not use this space.

3465

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1008  
City St. Louis (No. City Hospital)

File No.....  
Registered No. 1208  
St. .... Ward)

**2. FULL NAME** Dudley E. Stolbert

(a) Residence, No. 5966a Kennerly Ave. St. L 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 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 Nellie Stolbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8th, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 0 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis S.I. Co  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

13. NAME James Stolbert

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Nellie Stolbert  
5966a Kennerly Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Feb. 4th, 1934

19. UNDERTAKER (ADDRESS) Wrehmann Funeral  
1905 Union Blvd.

20. FILED FEB - 2 1934 J. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12:45 P.m.

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

Hemorrhage due to fractured skull due to fall from roof of Warehouse at 2208 N. 2nd. at 11:30 A.M.

Other contributory causes of importance

Name of operation ..... Date of .....  
1860

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1/31, 1934

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall

Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) Harold P. Stout (Address) St. Louis, Mo.  
2/2/34

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.

FEB 27 1934

