

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

Do not use this space.

MAY 25 1934

14921

1. PLACE OF DEATH

County _____ Registration District No. **791**
 Township _____ Primary Registration District No. **1003**
 City St. Louis Mo. (No. Mo. Baptist Hosp)

File No. _____
 Registered No. 4118 (Ward) _____

2. FULL NAME

John Kern Stahlberg
 (a) Residence, No. Parkview Hotel St. 17 Ward.
 (Usual place of abode) 401 KING HIGHWAY

(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 Elise M. Stahlberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 18 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>3</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Good Goods
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
 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) St. Louis Mo.

13. NAME Kern H. Stahlberg

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

15. MAIDEN NAME Not known

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

17. INFORMANT Elise M. Stahlberg
 (ADDRESS) Parkview Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE St Johns DATE April 25, 1934

19. UNDERTAKER Hy Leidner Mtd Co
 (ADDRESS) 1707 N. Market St

20. FILED: 4 19 34 J. Brebeck
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from # 21 -, 1934, to 4 - 21 -, 1934.
 I last saw him alive on 4 - 21 -, 1934. Death is said to have occurred on the date stated above, at 11:30 m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis and Sclerosis
Myocardial Infarction
 Other contributory causes of importance: Myocardial Infarction
 Date of onset 97

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) R. K. Andrews, M. D.
 (Address) Waukegan

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.

