

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.

Aug 9 1935

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

Do not use this space.

24441

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis (No. De Paul Heart)

File No. ....

Registered No. **5816**

St. .... Ward)

**2. FULL NAME** Thomas Stoddard

(a) Residence, No. 1213<sup>a</sup> Benton St. 26 Ward.

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF late Christina

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>65</u>	<u>69</u>	<u>4</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. How Casket 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) Illinois

13. NAME Alex Stoddard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Mary Ryan

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

17. INFORMANT Thomas W. Stoddard

(ADDRESS) 1312 Benton St

18. BURIAL, CREMATION, OR REMOVAL PLACE Library DATE July 9, 1935

19. UNDERTAKER How Casket Co.

(ADDRESS) 1417 2nd Street

20. FILED JUL -7 1935 J. J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935 to July 6, 1935

Last saw him alive on July 5, 1935. Death is said to have occurred on the date stated above, at 3:55 p. m.

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

cardio-vascular-renal disease Date of onset ???

Acute febrile Date of onset ???

Other contributory causes of importance: 131

Name of operation None Date of.....

What test confirmed diagnosis? clinical 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?

If so, specify.....

(Signed) Bernard H. Stutte, M. D.

(Address) 1302 Salisbury St.

22 cc Section of

