

JUL 14 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

24261

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City St. Louis (No. 3545 Wisconsin) St. Ward)

File No.
Registered No. **5873**

2. FULL NAME

(a) Residence, No. 3545 Wisconsin Ave, 24 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Stein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1873 Dec 16

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 20

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

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) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Jacob Kaelbel

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

15. MAIDEN NAME Louise Smith

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

17. INFORMANT (ADDRESS) Lena Stein
3545 Wisconsin Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE June 8 1936

19. UNDERTAKER (ADDRESS) Wacker-Belderle
2331 S. Broadway

20. FILED JUN 6 1936 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 1936

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

I last saw him alive on..... 19..... Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Arterio Sclerosis
Chr. Myocarditis

Other contributory causes of importance: None

Name of operation Date of
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? 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) Harold Gehrig, M.D.
(Address) St. Louis

WHITE 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.

