MAY 7 1937

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

Do not use this space.

14152

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 4011 Schiller Pl. St. ..... Ward)

File No. .....

Registered No. 3648

2. FULL NAME Georg Sturm

(a) Residence, No. 4011 Schiller Pl. St., 15 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 Anna Sturm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1882

7. AGE: YEARS 55 | MONTHS 0 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 Alvin Sturm

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

MOTHER

15. MAIDEN NAME Augusta Weise

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

17. INFORMANT Anna Sturm (ADDRESS) 4011 Schiller Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Apr. 5 1937

19. UNDERTAKER Wm. Schumacher (ADDRESS) 3016 Meramec St.

APR 5 1937

20. FILED ....., 19..... J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1937, to Apr. 2, 1937

I last saw him alive on Apr. 2, 1937. Death is said to have occurred on the date stated above, at 5:25 p.m.

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

	Date of onset
Acute Myocarditis	Mar 16?
Cause Unknown	

Other contributory causes of importance:

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

What test confirmed diagnosis? Phys. Finding 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 .....

(Signed) Karl J. Schuster, M. D.

(Address) 4011 S. Grand Blvd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.