

DEC 28 1937

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

42371

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 785  
(b) Township Bonhomme Primary Registration District No. 6031 Registered No. 152  
(c) City Valley Park (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 36 yrs. 11 mos. 22 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mabel Gertrude Stubblefield

(a) Residence, No. Valley Park, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
36 11 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc. At home  
10. Date deceased last worked at this occupation (month and year) Unemployed 11. Total time (years) spent in this occupation 0

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

FATHER 13. NAME Wm. M. Stubblefield  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Co. Ill.

MOTHER 15. MAIDEN NAME Susan Price  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Co. Mo.

17. INFORMANT (ADDRESS) Wm. M. Stubblefield Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery Kirkwood, Mo. DATE Nov. 6 - 1937

19. FUNERAL DIRECTOR (ADDRESS) Schrader Funeral Home Ballwin, Mo.20. FILED 11-4 19 37 Agnes Kelly Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 - 1937 1922. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1937, to Nov. 9, 1937

I last saw her alive on Nov. 2, 1937. 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:

PeritonitisDate of onset  
10/16/37

Other contributory causes of importance:  
Degeneration of intestinal tissues due to paralysis.

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) Clara M. Sebert, M. D.  
(Address) Valley Park, Mo.

127B

2091

STATEMENT BY LICENSED EMBALMER

I, Harry Schrader Licensed Embalmer No. 2091

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. 2091 or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Harry Schrader  
Licensed Embalmer No. 2091

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

42371  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 285  
(b) Township Carthage Primary Registration District No. 6031 Registered No. 152  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mabel Bertruda Staplefield  
(a) Residence, No. .... St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
36 11 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
*Paralysis of 18th year - no definite cause of death*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

FATHER 13. NAME .....

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

MOTHER 15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE ..... DATE ..... 19 .....

19. FUNERAL DIRECTOR (ADDRESS) .....

20. FILED 1/25 1928 Clara M. Gebert, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1927

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

Peritonitis  
Date of onset .....  
Other contributory causes of importance: 129  
Degeneration of intestinal tissues due to paralysis

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? .....  
If so, specify .....

(Signed) Clara M. Gebert , M. D.  
(Address) Valley Park mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

SUPPLEMENTAL

