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.

REC'D MAR 14 1938

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

Do not use this space. 5198

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 1843

(c) City St. Louis (d) Street No. 4315 Kossuth Ave. St.
(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 44 yrs. 11 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nellie Mae Stamm

(a) Residence, No. 4315 Kossuth Ave. St. 10
(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: Female
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 Leonard Stamm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17th. 1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
44	11	3	

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. Housewife
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.

FATHER

13. NAME Thomas Doyle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Martha Summers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Leonard Stamm. 4315 Kossuth Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram Cemetery DATE 2-23-38 19

19. FUNERAL DIRECTOR (ADDRESS) Provost Und. Co. 3710 N. Grand Blvd.

20. FILED FEB 22 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-38 19

22. I HEREBY CERTIFY, That I attended deceased from 7-21 1934, to Feb 20 1938
I last saw her alive on Feb 20, 1938 Death is said to have occurred on the date stated above, at 3.00 P.M.
The principal cause of death and related causes of importance were as follows:

Thyrotoxicosis

Date of onset

Other contributory causes of importance: Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) D. L. Twedell, M.D.
(Address) 4 & 3 N. Newstead

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Robert L. Brinkman, Licensed Embalmer No. 3553

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

L. E. 3553

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Robert L. Brinkman

Licensed Embalmer No. 3553

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