

REC'D MAY 10 1938

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

13162

Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City ST. LOUIS MO. (d) Street No. 2739 WYOMING ST. St. MO.
(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

MARY STELZER 342
(a) Residence, No. 2739 WYOMING St. 24
(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 (OR) WIFE OF GEORGE STELZER.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 21-1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 1

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. NILE.
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) MISSOURI

FATHER 13. NAME JOHN SCHWARTZ

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

MOTHER 15. MAIDEN NAME MARY NEI.

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

17. INFORMANT (ADDRESS) GEORGE STELZER, 12739 WYOMING,

18. BURIAL, CREMATION, OR REMOVAL PLACE BELLEMO. DATE APRIL 24, 38

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schurr, 3125 Lafayette Av.

20. FILED APR 22 1938 J. B. Seideck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 22 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12 1938 to April 22 1938

I last saw her alive on April 22 1938. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

CHRONIC NEPHRITIS & UREMIA

Date of onset
4-12-38

Other contributory causes of importance:

CHRONIC MYOCARDITIS
ARTERIO-SCLEROSIS.

PRIOR TO
4-12-38

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) George H. Prosser M. D.
(Address) 4903 30th Delmar Blvd

STATEMENT BY LICENSED EMBALMER

I, Joseph B Vollmer, Licensed Embalmer No. 4014

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

L. E.

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

Signed Joseph B Vollmer
Licensed Embalmer No. 4014

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