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

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

31079
Do not use this space.

1. PLACE OF DEATH — BUREAU OCT 12 1938

(a) County ..... Registration District No. 1003 — 3 1 791

(b) Township ..... Primary Registration District No. ..... Registered No. 8516

(c) City St Louis, Mo. (d) Street No. En Route City Hospital #1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herman Stamminger 355

(a) Residence, No. 3357 S. 7th St 8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND ~~OF~~ ~~(OR) WIFE OF~~ BarBara Stamminger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Restuarant

9. Industry or business in which work was done, as saw mill, bank, etc. Prop.

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) Austria

FATHER

13. NAME Unknown Stamminger

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Herman Stamminger 9246 Clayton Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 9-30 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm Bro & Co. 2939 Jefferson Av

20. FILED SEP 28 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 1938

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 8 a.m.

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

	Date of onset
Strangulation due to hanging by rope attached to the bed post at his home 3357 S. 7th St., on Sept. 27, 1938, at about 10:40 A.M.	

Other contributory causes of importance:

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? Suicide Date of injury 9/27, 19 38

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury .....

Nature of injury See Above

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472

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

L. E.

No. 3472 or by, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

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