

REC'D NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

33941
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. 1008
(c) City St. Louis, (d) Street No. 3440 Humphrey St. Registered No. 8927
(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

Christine Stolz
(a) Residence, No. 3440 Humphrey St. St. 16
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathew Stolz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 7 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Mich. 1

FATHER 13. NAME Joseph Schaldenbrand 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 7

MOTHER 15. MAIDEN NAME Mary Oberle

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

17. INFORMANT Tillie Sicking (ADDRESS) 3440 Humphrey St.

18. BURIAL, CREMATION, OR REMOVAL New SS. Peter and Paul Ch. Oct 15, 1938

19. FUNERAL DIRECTOR (NAME) J. H. Beckwith & Co. (ADDRESS) 2842 Keramec St.

20. FILED OCT 13 1938 J. A. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1938
22. I HEREBY CERTIFY That I attended deceased from Feb. 15th 1937 to Dec. 12th 1938
I last saw him alive on Oct. 11th 1938 Death is said to have occurred on the date stated above, at 2:33 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1937
Arthritis Deformans ?
Date of onset

Other contributory causes of importance:
Name of operation none Date of
What test confirmed diagnosis? none 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
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 William Barton M. D.
(Signed) (Address) 3601 S. Jefferson

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Herman A. Gebken

or by

Registered Apprentice No., working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Beramec St.

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.)

If this body is not embalmed, above space should be left blank.