DEPT DEC 12 1938

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

37303
Do not use this space.

1. PLACE OF DEATH

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

(b) Township ..... Primary Registration District No. 1003 Registered No. 9630

(c) or City ST. LOUIS (d) Street No. 3320 A MERAMEC ST. 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 310 CATHERINE STOYE.

(a) Residence, No. 3320 A MERAMEC ST. St. 15
(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 KARL STOYE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 3-1902

7. AGE: YEARS 36 MONTHS 4 DAYS — If LESS than 1 day, ... hrs. or ..... min.

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. HOUSEWORK
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 MISSOURI 0

FATHER
13. NAME JOHN GRIFFIN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS 1

MOTHER
15. MAIDEN NAME ELIZABETH ELLISON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI 0

17. INFORMANT (ADDRESS) KARL STOYE 3320 A MERAMEC ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEM. DATE NOV. 7 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schnur 3125 Lafayette av.

20. FILED NOV 6 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1937, to Oct. 27, 1938
I last saw her alive on Oct. 27, 1937. Death is said to have occurred on the date stated above, at 7.15 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset —

J B

Other contributory causes of importance:
Exhaustion
chronic endocarditis

Name of operation none Date of
What test confirmed diagnosis? lab. 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) Walter E. Abell, M. D.
(Address) 2253 So. 39th

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jos B Wollma

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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

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