

REC'D FEB 10 1939

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

430

Do not use this space.

Registered No. 430

1. PLACE OF DEATH

(a) County / Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis / (d) Street No. St. Anthony Hosp. St.
(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 Frieda Gertrude Stoltz

(a) Residence, No. 4149 Juniata 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank J. Stoltz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 6 2

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

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) Berlin, Germany
(STATE OR COUNTRY)

13. NAME Gerhard Ludewig

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Frank J. Stoltz
(ADDRESS) 4149 Juniata St.

18. BURIAL, CREMATION, OR REMOVAL New S.S. P. & Paul DATE Jan. 16, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2331 So. Broadway

20. FILED JAN 13 1939 J. D. Brubaker
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Jan 13, 1939
I last saw him alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Diabetes mellitus
5.1

Date of onset

Other contributory causes of importance:

gangrene left foot & leg

Name of operation Date of
What test confirmed diagnosis: Blood test 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) A. J. Plog, M. D.

(Address) Carleton Bldg

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,

Robert C. Wheeler

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Robert C. Wheeler

Licensed Embalmer No.....

2178

P. O. Address.....

St. Louis, Mo.

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.