REC'D FEB 10 1939

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

913
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County ..... Registration District No. 1

(b) Township or City ..... Primary Registration District No. ..... Registered No. 913

(c) St. Louis (d) Street No. 4471 Olive 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 365 Albert Sturm

(a) Residence, No. 4471 Olive 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella R. Sturm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21st 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	10	7	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Manager; Mark Travel Bureau

10. Date deceased last worked at this occupation (month and year) ..... (Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Munich Germany 6

FATHER

13. NAME John Sturm 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — Germany 6

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ella R. Sturm 4471 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE 1 — 31 — 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Lupton + Sons 7233 Delmar Blvd.

20. FILED JAN 30 1939, 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1934, to Jan. 1939.
I last saw him alive on 24th, 1939. Death is said to have occurred on the date stated above, at 6:25 p.m.
The principal cause of death and related causes of importance were as follows:

Paralysis (General) — Date of onset 11-34

Other contributory causes of importance: Cerebral Hemorrhage

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? ..... 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) Inez E. Pettit D.O.S. ~~M.D.~~
(Address) 4617 Westminster

(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.

Dr. Dudley - ?
Dr. Pettit - ?

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

Signed Clarence H. Murray

Licensed Embalmer No. 40 R

P. O. Address St Louis Mo

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.