WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

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

REC'D JUN 12 1939

791 1003

16748
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 4282
(c) City St. Louis, Missouri (d) Street No. St. Louis Maternity Hospital 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 343 Stahlhuth, Infant
(a) Residence, No. 9420 Sterling Pl-Affton, Mo St. NR
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1939
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 7 hrs. or 10 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.
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, Mo

FATHER
13. NAME Stahlhuth, Edgar Franklin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

MOTHER
15. MAIDEN NAME Pausch, Catherine Caroline
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

17. INFORMANT (ADDRESS) Edgar Franklin Stahlhuth Affton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Univ DATE MAY 8 1939
19. FUNERAL DIRECTOR (ADDRESS) Dept of Pathology Wash Univ
20. FILED MAY 8 1939 19 J. F. Brudek Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on Apr 28, 1939. Death is said to have occurred on the date stated above, at 8:40 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity - (26 wks gestation)

Other contributory causes of importance:

159

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? .....
If so, specify .....
(Signed) C. E. Hutton, M. D.
(Address) 3720 Washington

(Licensed Embalmer's Statement on Reverse Side)

4282

4282

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....,

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)