

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

31230  
8193

REG'D OCT 14 1939 1 791  
Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: **1003** /  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
(Specify whether  
In this community. **?**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **4821 Cote Brillante Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Samuel G. Stahlhuth** **347**  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **22,**  
year **1939** hour **6** minute **03** P. M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Lydia Stahlhuth** 6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **August 25, 1866**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 6, 1937** to **Sept. 22, 1939**;  
that I last saw him alive on **Sept. 22, 1939**;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**73** - **28** hr. min.

Immediate cause of death **myocarditis, chronic**  
Duration \_\_\_\_\_

9. Birthplace **St. Charles County, Mo.**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation **Retired - (Wholesale Paint)**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name **Gottlieb Stahlhuth** **6**  
13. Birthplace \_\_\_\_\_ **Germany** **6**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Boellmer**  
15. Birthplace \_\_\_\_\_ **Germany**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Ray Seabert**  
(b) Address **4821 Cote Brillante**  
17. (a) **Burial** (b) Date thereof **Sept. 25, 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Peters Cemetery**  
18. (a) Signature of funeral director **J. M. Schumacher**  
(b) Address **4834 Natural Bridge**  
19. (a) **SEP 24 1939** (b) **J. B. B...**  
(Date received local registrar) (Signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Amel... D.** (M. D. or other) **M. D.**  
Address **1194 ...** Date signed **9-22-39**

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**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

*John J. Fetter*

Licensed Embalmer No.

3880

P. O. Address.....

**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.**