

38178

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **10017**Registration District No. **1000**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____ 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 33 years
years, months or days)

3. (a) PRINT FULL NAME Adam Stadtfeld 331

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive 62 years7. Birth date of deceased January 13, 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 10 9 _____ hr. _____ min.9. Birthplace Hungary
(City, town, or county) (State or foreign country)10. Usual occupation Barber

11. Industry or business _____

12. Name Christman Stadtfeld 713. Birthplace Hungary
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature X Marie Stadtfeld(b) Address 5403 Virginia Ave.17. (a) Burial (b) Date thereof 11/25/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Wacker-Heldt(b) Address 2331 S. Broadway19. (a) NOV 24 1939 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____ 1
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 5403 Virginia
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1939 hour 6 minute 50 p. M.21. I hereby certify that I attended the deceased from July 27/39
to Nov. 22, 1939;
that I last saw him alive on Nov. 22, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of urinary bladder 8

Due to _____

Due to _____

Other conditions 51
(Include pregnancy within 3 months of death)Major findings: Carcinoma of bladder

Of operations _____

Of autopsy

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____23. Signature John F. Henke (M. D. or other) _____Address 900 Russell Bldg Date signed 11/24/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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P-1 X1511

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 Robert Wheeler

Licensed Embalmer No. 2128

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.