

63 DEC 13 1939

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

38219  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... / Registration District No. .... 791  
(b) Township ..... / Primary Registration District No. .... 1003  
(c) City Saint Louis, Mo. (d) Street No. Saint Louis Maternity Hospital St. 10058  
(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

345 Stahlhuth Infant Boy  
(a) Residence, No. 9420 Sterling Avenue St. NR Apt. 110  
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 19, 1939 3:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 0 0 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Perinatologist (17 weeks gestation)  
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) St. Louis, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Stahlhuth, Edgar Franklin

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Pausch, Catherine

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

17. INFORMANT Edgar F. Stahlhuth (ADDRESS) St. Louis Maternity Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Univ. DATE NOV 25 1939

19. FUNERAL DIRECTOR (NAME) Dept. of Pathology (ADDRESS) Wash. Univ.

20. FILED NOV 25 1939 J. D. Budek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11:00, 1939, to 11:30, 1939.  
I last saw him alive on 11/19/39. Death is said to have occurred on the date stated above, at 3:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Perinatality (17 weeks gestation)  
Other contributory causes of importance:  
Cause of perinatal distress - rupture of membranes -

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 ..... 1939  
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) R. E. Patton, M. D.  
(Address) 372 D. Washington

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

50 Mo-1-17-38 I X1023

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.

10058  
10058

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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.....

Licensed Embalmer No.....

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.**