

No. 2
-1-4-41
5-17-39
X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8397
Registrar's No. 472

FILED FEB 28 1944
Registration District No. 277

Primary Registration District No. 3062

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8827 Pendleton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Herman John Stahl

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie nee Holtz 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 23 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 10 28 hr. min.

9. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Coffee Business

11. Industry or business Own Business

MOTHER FATHER { 12. Name Michael Stahl

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Stahl

(b) Address 8827 Pendleton

17. (a) Burial (b) Date thereof Feb. 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Lanchester

19. (a) FEB 23 1944 (b) E. J. Mc Laran, M.D.
(Date and time of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis

(c) City or town Brentwood
(If outside city or town limits, write "RURAL")

(d) Street No. 8827 Pendleton
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1944 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from Jan 15
1943, 19 Feb 20, 19 44
that I last saw him alive on Feb. 20
and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no 137:1

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Clay Allen (M. D. or other) M. D.
Address 5911 So. Kings Highway Date signed 2/21/44
St. Louis Mo

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 3454

....., Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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, fact should be so stated above.