

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

Do not use this space.

6663

**1. PLACE OF DEATH**

County St. Louis, Mo.  
 Township 9th  
 City St. Louis, Mo. (No. 9029 Glasgow Pl.)

Registration District No. 791  
 1003  
 Primary Registration District No. 1003

File No. 1612  
 Registered No. 1612  
 St. Ward

**2. FULL NAME**

Alvina Staehr  
 (a) Residence, No. 3029 Glasgow Pl. 20 Ward.  
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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) Feb. 14 1862

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 | 11 | 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

10. NAME OF FATHER Ernest Staehr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Keller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT (Address) James C. Finch  
Jamesville, Mo.

15. FILED 1928 Max Standley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB 11<sup>th</sup> 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 26, 1926 to Feb 11, 1928 that I last saw him alive on Feb 10, 1928, and that death occurred, on the date stated above, at 5:57 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

92H Cerebral Embolus  
92B

(duration) 2 yrs. - mos. - da.  
 CONTRIBUTORY chron Endocardit  
 (SECONDARY) (duration) 2 yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED 9000  
 IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Hx  
 (Signed) Paul H. Meyer, M. D.  
717, 1928 (Address) 4903 Dell

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL 2/13/1928

REG. UNDERTAKER Bergsack M. Co. 3661 Washington Pl  
 ADDRESS

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.

