

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

Do not use this space.

10538

**1. PLACE OF DEATH**

County St. Louis Co  
Township CARONDELET  
City St. Rose

Registration District No. 1123  
Primary Registration District No. 6248 E  
(No. Int St Rose Saint Louis)

File No. \_\_\_\_\_  
Registered No. 102  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Maurice Stamm (Stamm)  
(a) Residence. No. 430 W Hancock St. \_\_\_\_\_ Ward. St. Louis Co  
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25 - 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>38</u>		<u>1</u>	<u>3</u>	

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER John Hedges

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

12. MAIDEN NAME OF MOTHER Emma Plamans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) St Louis Mo

14. INFORMANT David Stamm  
(Address) 730 W. Hancock

15. FILED Mar 30 1928 L. C. Obrod REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 28 19 28

17. I HEREBY CERTIFY, That I attended deceased from 9:18 28 19 28 to March 27 19 28 (that I last saw h. alive on March 26 19 27 and that death occurred, on the date stated above, at 9: A m.)

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

Pulmonary Tuberculosis  
23/01 (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**CONTRIBUTORY (SECONDARY)**

31 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

18 DID AN OPERATION PRECEDE DEATH, \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Edward C. Brady, M. D.  
, 19 (Address) 946 So. Broadway

\*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**

**DATE OF BURIAL**

St. Pat & Paul - Rm Mar 31 19 28

**20. UNDERTAKER**

**ADDRESS**

Funeral and Co 7819 Michigan

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

APR 28 1928  
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.

100  
100  
100  
100