

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis**(Name) **St. Louis Maternity Hospital**File No. **22557**Registered No. **6776**

St. Ward)

2. FULL NAME **Infant Stoll**(a) Residence. No. **Newburg, Mo.**St. **12** 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.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

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)** **June 22, 1928****7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

2**8. OCCUPATION OF DECEASED**(a) Trade, profession, or particular kind of work **Child**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis,**
(STATE OR COUNTRY) **Missouri****10. NAME OF FATHER** **Karl G. Stoll,****11. BIRTHPLACE OF FATHER (CITY OR TOWN)** **St. Louis,**
(STATE OR COUNTRY) **Mo.****12. MAIDEN NAME OF MOTHER** **Ruth Morgan****13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** **Frankfort,**
(STATE OR COUNTRY) **Indiana**

PARENTS

14.INFORMANT **Karl G. Stoll**
(Address) **Newburg, Mo.****15.**FILED **1 22 1929**By **Wm. C. Standley**

REGISTERAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **June 24 1928****17.**

I HEREBY CERTIFY, That I attended deceased from

6-22-28, 19**28**, to **6-23-28**, 19**28**.that I last saw **h. 1. 12** alive on **6-23-28**, 19**28**, and that death occurred, on the date stated above, at **Beth** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Immaturity
159CONTRIBUTORY
(SECONDARY)**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

8 Did an operation precede death?..... DATE OF.....

Was there an autopsy?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Wm. C. Standley**

M. D.

, 19

(Address) **St. Louis Maternity Hospital, St. Louis**

*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

Newburg, Mo.**June 28, 1928****20. UNDERTAKER**

ADDRESS

Geo. L. Pleitoch**5-966
Easton**

