

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. 1000

City St. Louis

(No. St. Louis Maternity Hospital

File No. 22558

Registered No. 6777

Ward.....

2. FULL NAME

Karl G. Stoll,

(a) Residence. No. Newburg, Mo.

St. 12

Ward.

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.

(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) 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)

Mo.

10. NAME OF FATHER

Karl G. Stoll,

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis,

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Ruth Morgan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Frankfort,

(STATE OR COUNTRY)

Indiana

14.

INFORMANT
(Address)Karl G. Stoll
Newburg Mo

15.

FILED

JUN 23 1928

M. J. Stankewitz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 24 1928

17.

I HEREBY CERTIFY, That I attended deceased from 11:22 PM 6-22-28, to 6-23-28, 1928.

that I last saw h.i.m. alive on 6-23-28, 1928, and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity
159

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed).....

M. D.

, 19

(Address)

St. Louis Maternity Hospital, St. Louis, Mo.

*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

L. P. Philsch

3-966
Gaston

