

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

Do not use this space.

17094

1. PLACE OF DEATH

County St. Louis
Township Platchall
City Grant City (No.)

Registration District No. 903
Primary Registration District No. 6212

File No.
Registered No. 8
St. Ward)

2. FULL NAME

Charles Herbert Stabe

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred Life 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 22, 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0

2

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Infant

(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)

Grant City

10. NAME OF FATHER

Ray Stabe

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bridgeport

12. MAIDEN NAME OF MOTHER

Maise Stache

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Grant City

14.

INFORMANT
(Address)

Ray Stabe
Grant City Mo

15.

FILED

5/10, 1929

John Andrews

REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-1- 1929

17.

I HEREBY CERTIFY, That I attended deceased from 3-28- 1929, to 4-1- 1929, that I last saw him alive on 4-1- 1929, and that death occurred, on the date stated above, at 1 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

187A / 100A
159 (duration) yrs. mos. 22 ds.

CONTRIBUTORY Exhaustion
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 Did an operation precede death? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. P. M. Mills, M. D.

4, 1929 (Address) Grant City 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

Platchall Ceme

4/2 1929

20. UNDERTAKER

ADDRESS

Arch C. Dumble

Grant City Mo.

