

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

Do not use this space.

25721

**1. PLACE OF DEATH**

County St. Louis  
 Township Centers  
 City St. Louis

Registration District No. 789

Primary Registration District No. 6400

File No. \_\_\_\_\_

Registered No. 234

(No. 6400 Plymouth St. \_\_\_\_\_ Ward)

**2. FULL NAME** Odilo Stolz.

(a) Residence. No. 4110 @ Virginia Avenue, 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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**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**

Minnie Stolz

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** April 21. 1876.

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
53	3	3	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Blacksmith  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer Wagner Electric M. Co.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Detroit, Mich.

**10. NAME OF FATHER**

Matheus Stolz.

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**12. MAIDEN NAME OF MOTHER**

Christine Schaldenbrand.

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**14. INFORMANT**

Clarence Stolz  
 (Address) 4110 @ Virginia Ave.

**15. FILED**

7/29 1929 Wolla Gray, M. D. REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** July 24 1929

**17.**

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 19\_\_\_\_, m.

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

Ruptured aorta (ank)

**CONTRIBUTORY (SECONDARY)**

Asthenia - rheum.  
 (duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH 6 yrs Plymouth Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) John E. Campbell, M. D.

7/25, 1929 (Address) Forner of St. Louis Society

\*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**

Augusta, Mo.,

**DATE OF BURIAL**

July 27 19 29;

**20. UNDERTAKER**

J. H. Gibson & Sons, Inc.

**ADDRESS**

2842 Meramec

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.

1929  
 96  
 24  
 26

