

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

Do not use this space.

38625

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City Athenia Mo. (No. 20 Benton Pl)

File No.....  
Registered No. **11029**  
St. .... Ward)

**2. FULL NAME**

Henry Staehlin  
(a) Residence. No. 20 Benton Pl St. 13 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Staehlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29-1870

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, ..... hrs. or ..... min.  
59      5      10

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Cooper  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Athenia (STATE OR COUNTRY) Mo

10. NAME OF FATHER Matthew Staehlin  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Margaret Gresser  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Athenia Mo

14. INFORMANT Marie Staehlin (Address) 10 Benton Pl.

15. FILED Nov 12 1929 Wm C Staehlin REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-9 1929  
17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1929, to Nov 9, 1929 that I last saw him alive on Nov 9, 1929, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Apoplexy  
131  
0:00  
10:00 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Hypertension & Chronic interstitial nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Syngester  
(Signed) Howard S. Staehlin, M. D.  
11/10. 1929 (Address) 3115 So Grand Blvd

\*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 New Pickers Pen DATE OF BURIAL 11-12 1929

20. UNDERTAKER Weick Bros 2201 So Grand ADDRESS

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.

95  
10

WHITE PLAIN, WITH OPAIDING INSTRUMENTS IS A PERMANENT RECORD

