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

Do not use this space.

1930

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 784 — File No.: 2481

Township: St. Ferdinand — Primary Registration District No.: 6030 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME: Male No Name.

(a) Residence. No. Vigus Mo. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 15, 30

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 2 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Vigus (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Jesse Stoffer.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Kansas City (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Effie Burton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St. Louis Mo (STATE OR COUNTRY):

14. INFORMANT: Wm Burton
(Address): Vigus Mo

15. FILED: 1-29, 1930 — O. N. Schulte MD, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 15th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 1930 to Jan. 15th, 1930 that I last saw h. alive on Jan. 15th, 1930, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
(6½ months)

CONTRIBUTORY (SECONDARY): 1600 (duration) yrs. mos. ds.

(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?
(Signed) H. F. Coleman, M. D
1-16, 1930 (Address) Pattonville 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: Monroe Cem — DATE OF BURIAL: 1/16 1930

20. UNDERTAKER: Baumann Bro's — ADDRESS: Overland Mo.