WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

10 2 62

# 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 ..... File No. 6818

Township ..... Primary Registration District No. 1002 ..... Registered No. 1654

City St. Louis (No. Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME Peter H. Stauffer

(a) Residence. No. 4739 Genevieve Ave. 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Margaret M. Stauffer (nee Scott)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21, 1880

7. AGE: Years 49 | Months 7 | Days 24 | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Sommerfeld
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Abraham Stauffer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Hagedy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Margaret M. Stauffer
(Address) 4739 Genevieve Ave.

15. FILED FEB 17 1930 Paul C. Walker REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1930, to Feb 14, 1930, that I last saw him alive on Feb 14 1930 and that death occurred, on the date stated above, at 8 45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

34 Pyelitis
133 H
105 R (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Syphilitic Laryngitis (duration) 3 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? Clinical Exam

(Signed) J. E. Lewis M. D.
Feb 15, 1930 (Address) 958 Arcade Bldg

*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: Bethany — DATE OF BURIAL: Feb. 17 1930

20. UNDERTAKER: Math. Hornberg & Son — ADDRESS: 216 E. Fair Ave