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

Do not use this space.

10225

File No. 2168

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4050 California Ave., St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Dorette Stelloh,

(a) Residence. No. 4050 California Ave., St., 15 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 1863.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	66	5	23	

8. OCCUPATION OF DECEASED

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

(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) Germany

PARENTS

10. NAME OF FATHER Wm. Wehrenberg

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

12. MAIDEN NAME OF MOTHER Wilhelmina Bergman

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

14. INFORMANT Wm. Stelloh
(Address) 4050 California

15. FILED MAR 19 [illegible] Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1930, to Mar 1st, 1930, that I last saw her alive on Feb. 28th, 1930, and that death occurred, on the date stated above, at 3 15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A Acute Bronchitis and
93C ~~[illegible]~~ La Grippe non
11A Tubercular

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Endocarditis & Chr.
Myocarditis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 4050 California

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) H C Klopper, M. D.

3/1, 1930 (Address) 3807 S. Broadway.

*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 Concordia Cemetery

DATE OF BURIAL Mar 4 1930

20. UNDERTAKER Thos. H. Beiderwieden

ADDRESS 1936 St. Louis

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.