

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St Louis (No. 3832 Pemrose)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. **34412**  
Registered No. **9771**  
St. .... Ward)

**2. FULL NAME** Metta Stackmann

(a) Residence. No. 3832 Pemrose St. 10 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widow

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

John R.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27, 1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
87 9 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
(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

10. NAME OF FATHER Jasper Shee

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Krupler (Address) 3832 Pemrose

15. FILED Oct 14 1930 May 6 Starker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1930 to Oct 13 1930 that I last saw h. alive on Oct 13 1930 and that death occurred, on the date stated above, at 9:30 a.m.

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

Myocarditis (chronic)  
936  
97 (duration) 3 yrs. .... mos. .... ds.  
CONTRIBUTORY arteriosclerosis (SECONDARY) (duration) 2 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 9010

DID AN OPERATION PRECEDE DEATH? no DATE OF ..... WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Arthur Sundeas, M. D.

10/13 1930 (Address) 2201 University St

\*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 Valhalla DATE OF BURIAL Oct 15 1930

20. UNDERTAKER At Know & W. Co. 2707 N 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.

RECORD WITH CHANGING INFORMATION IS A PERMANENT RECORD

