

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

Do not use this space.

38047

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 5941, Cote Brilliant St. 6 Ward 6)

File No.
 Registered No. 11201
 St. Ward

2. FULL NAME Charles A. Stegmann

(a) Residence. No. 5941 Cote Brilliant St. Ward. 6
 (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 Mary B. Stegmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 10 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Stamp Dealer
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Moss Mill
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Gustavia Stegman

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

12. MAIDEN NAME OF MOTHER Mashilda Vollpaz

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

14. INFORMANT Mrs Mary B. Stegmann
 (Address) 5941 Cote Brilliant Ave

15. FILED 11/28/30 REGISTRAR W. C. Miller

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/26/1930 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 or more years to 11/26/30 19 that I last saw him alive on 11/26/30 19, and that death occurred, on the date stated above, at 9:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute dilatation of heart due to severity of Nephritis of several years standing - papilloedema
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Self ridden for 2 hours
 (duration) 2 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

21. WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
 (Signed) Hubert Talbot M. D.

, 19 (Address) Metrop - Bldg 5th 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 Cemetery DATE OF BURIAL 11-28 1930

20. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Easton

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.

Mr. Tolson
and family