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

Do not use this space.

41495

File No. 12183

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 797 1009

Township ..... Primary Registration District No. .....

City St. Louis (No. 5420 Ruskin Ave. St. ..... Ward)

2. FULL NAME Evelyn H. Stahn

(a) Residence. No. 5420 Ruskin Ave. St., 7 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23	5	21	

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) Brooklyn
(STATE OR COUNTRY) N.Y.

PARENTS

10. NAME OF FATHER Alfred Stahn

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

12. MAIDEN NAME OF MOTHER Hannah Okstrom

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

14. INFORMANT Mrs. Hannah E. Stahn
(Address) 5420 Ruskin Ave.

15. DEC 30 1930 FILED ..... 19..... Wm C Vordenberg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Dec 29, 1930 that I last saw h... alive on Dec 27, 1930 and that death occurred, on the date stated above, at 6:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs
234
31
(duration) 1 yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) None
(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? Mortem + Physical
(Signed) J. G. Bredeck, M. D.
Dec 30 1930 (Address) 635 Missouri 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 Memorial Park — DATE OF BURIAL Dec. 31 1930

20. UNDERTAKER Math. Hermann and Son — ADDRESS 2161 E. Fair Ave.

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.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2.