

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

Do not use this space.

26653

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Lutheran Hosp.**) St. _____ Ward _____

File No. _____
Registered No. **7825**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **4947 1/2 Essex** St., **13** Ward.

(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 22 1877**

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | 54 | 4 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Mgr**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Comp. Plans**
10. Date deceased last worked at this occupation (month and year) **Jan 1 1931** (11. Total time (years) spent in this occupation **26**)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Germany**

13. NAME **George Sticht**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Hank Moore**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Walter Sigler 1414 S 12th St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **San Sep Burial** DATE **July 15 1931**

19. UNDERTAKER (ADDRESS) **E J Schurer 3125 Lafayette St**

20. FILED **11 13 1931** **Wm O Stankley** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-12-1931**

22. I HEREBY CERTIFY, That I attended deceased from **6-10**, 19**31**, to **7-12**, 19**31**

I last saw **him** alive on **7-12**, 19**31**. Death is said to have occurred on the date stated above, at **11:00 a.m.**

The principal cause of death and related causes of importance were as follows:

Peptic Ulcer
1178
12-13 117A
Other contributory causes of importance:
Intestinal Obstruction

Date of onset **6-10-31**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) **E. H. Lindskutzel**, M. D.

(Address) **3115 S. Grand**

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.

