

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

Do not use this space.

26985

1. PLACE OF DEATH

County ..... Registration District No. 701  
Township ..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. St. Lukes Hosp.) ..... St. ..... Ward) .....

File No. ....  
Registered No. 8188  
St. .... Ward) .....

2. FULL NAME

Nathaniel B. Stanga  
(a) Residence, No. 7800 St. Charles Rock Rd. 12 Ward. St. Louis Co. Mo.  
(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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice W. Stanga

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 7 00

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Oak Grove Cem.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oak Grove Cem.

10. Date deceased last worked at this occupation (month and year) July 25 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Easton (STATE OR COUNTRY) Ohio

13. NAME John Stanga

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) .....

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) .....

17. INFORMANT Alice Stanga (ADDRESS) 7800 St. Charles Rock Rd.

18. BURIAL, CREMATION, OR REMOVAL Oak Grove Mausoleum DATE July 27 1931

19. UNDERTAKER W. J. Anderson & Sons (ADDRESS) 6175 Belmont

20. FILED 26 1931 W. J. Anderson Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1931

22. I HEREBY CERTIFY, That I attended deceased from July 25 1931, to July 25 1931

I last saw him alive on July 25 1931. Death is said to have occurred on the date stated above, at 12:30 p. m.

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

Heart block  
97%  
90%

Other contributory causes of importance:

arterio sclerosis

Name of operation ..... Date of .....  
What best confirmed diagnosis? Thromb. Was there an autopsy? no

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? no

If so, specify. Charles A. Tol M. D.

(Signed) Charles A. Tol (Address) 6175 Belmont

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.

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