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

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.

OCT 26 1931

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

Do not use this space.

35538

1. PLACE OF DEATH
County St. Louis — Registration District No. 784
Township St. Ferdinand — Primary Registration District No. 6030
City ..... (No. St. Charles Rock Road ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Joseph Stein
(a) Residence. No. Overland, Mo. Route 4 Box 260.
(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): Widower

5a. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Stein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6-1844

7. AGE: Years 87 | Months 5 | Days 1 | If less than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Joseph Stein
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Louise Kupow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Anton Stein
(Address) Overland Mo.

15. FILED 10/6 1931 Dr Carl J. Mantz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 7 1931.

17. I HEREBY CERTIFY, That I attended deceased from March 7 1931, to Oct. 5 1931, that I last saw h. alive on Oct. 5 1931, and that death occurred, on the date stated above, at 9.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxia - Pulmonary
Chronic Myocarditis
93C
8 Lbs
(duration) ..... yrs. 7 mos. ..... ds.
CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) ..... yrs. ..... mos. 5 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? .....
(Signed) H. F. Coleman, M. D.
Oct. 7, 1931 (Address) Pattonville Mo.

*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: St. Mary's Cem. — DATE OF BURIAL: Oct. 9, 1931.
20. UNDERTAKER: Jos. W. Clark — ADDRESS: 1125 Hodiamont Ave.