

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

Do not use this space.

2489

1. PLACE OF DEATH

County Registration District No. *701*
Township Primary Registration District No. *1003*
City *St Louis* (No.) St. Ward

File No.
Registered No. *158*

2. FULL NAME

CHRISTOPHER STOLZE
(a) Residence, No. *1916 East Prairie and 9* Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 15th 1850*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 3 22

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *GERMANY 10*

13. NAME *Christ Stolze*

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

15. MAIDEN NAME *not known*

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

17. INFORMANT *William Stolze*
(ADDRESS) *1916 East Prairie*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Calvary* DATE *Jan 9th 1932*

19. UNDERTAKER *Eduard Koch*
(ADDRESS) *2516 N. 14th St.*

20. FILED *MAY -6 1932* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 6th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *JAN 10th 1932* to *Jan 5th 1932*

I last saw him alive on *Jan 5th 1932* Death is said

to have occurred on the date stated above, at *1:15 p.m.*

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

Arterio Sclerosis Date of onset *5 years ago*

Senile Debility
Hypostatic Pneumonia 2 days Date of onset *One year*

Other contributory causes of importance

Name of operation Date of
Clinical *7/103*

What test confirmed diagnosis? *Clinical* 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 *D*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *George Henry Super, M. D.*

(Signed) *George Henry Super, M. D.*

(Address) *5222 North 20th St*

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

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

