

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

Do not use this space.

3292

1. PLACE OF DEATH

County..... Registration District No. 597
 Township..... Primary Registration District No. 1008
 City..... (No. 21) St. Ward) 1067

2. FULL NAME Mr. Frederick Stolley

(a) Residence. No. 883 S. 16th Street St. 6 Ward. Newark, N.J.
 (Usual place of abode)
 Length of residence in city or town where death occurred 11/4 unknown mos. da. How long in U.S., if of foreign birth? 37 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORGED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-30-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 2 29

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. P.F. COLLIER Pub. Co
 (b) General nature of industry, business, or establishment in which employed (or employer). Mgr.
 (c) Name of employer Id.

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

10. NAME OF FATHER CHRISTIAN STOLLEY

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

12. MAIDEN NAME OF MOTHER UNKNOWN

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

14. INFORMANT ELIZABETH STOLLEY
 (Address) BROOKLYN NEW YORK

15. FILED FFH -1 1932 May 2 Stolley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-29-1932

17. I HEREBY CERTIFY, That I attended deceased from January 19 to January 29 1932 that I last saw him alive on Jan 29 1932 and that death occurred, on the date stated above, at 9:10 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis, vegetative probably streptococcal.
Benign Multiple cysts of liver and kidney Primary seat unknown
 CONTRIBUTORY Bronchial pneumonia
 (SECONDARY) (duration) yrs. mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....
 WAS THERE AN AUTOPSY? YES
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) A. A. Howell M. D.

Jan 30⁹ 1932 (Address) 2415 N. Kingshighway

*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 BROOKLYN NEW YORK DATE OF BURIAL Feb 1932

20. UNDERTAKER ELLIS MORTUARY ADDRESS 5740 Selman

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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