

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

Do not use this space.

6673

1. PLACE OF DEATH

County

Registration District No.

Town

Primary Registration District No.

City

(No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No. 4314 San Francisco St., 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF <u>Laura Erman Stolze</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 20 - 1874</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>2</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Inspector 177</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Water Dept</u>	
	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) <u>Germany</u> <u>10</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u>	
MOTHER	15. MAIDEN NAME <u>"</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT (ADDRESS) <u>Mrs Laura Stolze</u> <u>4314 San Francisco</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graves Cemetery</u> DATE <u>2/23</u> <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Street - Carroll</u> <u>1160 1/2 E. 11th St</u>		
20. FILED <u>FEB 23 1932</u> <u>19</u> <u>Max C. Stanley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

2 **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 2/20 1932

22. I HEREBY CERTIFY, That I attended deceased from JUNE 15 1931 to Feb 20 1932
I last saw him alive on Feb 18/1932 1932 Death is said to have occurred on the date stated above, at 538 m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset July 1931
23A
112 23

Other contributory causes of importance:
Bronchial Asthma
Duration 3 Months

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? (D) 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 George Henry Super M. D.
(Signed) 5222 North 20th St.
(Address)

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.

