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.

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

Do not use this space.

10729

File No. 2801

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 10 [illegible]

City ..... (No. 1415 Obear Ave St. ..... Ward)

2. FULL NAME Frederick George Stoll

(a) Residence, No. 1415 Obear Ave St., 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: Anna Stoll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-3-1844

7. AGE: YEARS 88 | MONTHS 0 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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: 1647

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Lillie Meilert 5242 Wren Ave

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE: Valhalla Crematory DATE: 3/25 1932

19. UNDERTAKER (ADDRESS): W. A. Stock Und. Co. 2117 E. Grand Blvd

20. FILED: MAR 23 1932 Max C. Stanley Registrar. 3/23/32

MEDICAL CERTIFICATE OF DEATH

1 Found dead

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 22, 1932

22. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation due to fuel gas poisoning (self-administered) at residence	

Other contributory causes of importance:

(1) Suicide

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 3-22, 1932
Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury: Gas Poison
Nature of injury: No Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. W. Kerner, M.D.
(Address) Deputy Coroner