

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

Do not use this space.

11067

**1. PLACE OF DEATH**

County..... Registration District No. 7901

Township..... Primary Registration District No. 10112

City St. Louis (No. City Hospital)

22098 William Stiffler

(a) Residence, No. 1333rd. Presb. Ward. 9  
(Usual place of abode)  
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. ....  
Registered No. 3151  
St. .... Ward)

**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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 9-1932</u>		
7. AGE YEARS	MONTHS	DAY
	<u>2</u>	<u>21</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc.	<u>mil 107</u>
	9. Industry of business in which work was done, as silk mill, saw mill, bank, etc.	<u>106</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) St. Louis  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Grover Stiffler

FATHER 14. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Alma Schumaker

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews DATE 3/31/1932

19. UNDERTAKER Alvan W. Langley  
(ADDRESS) 1631 Missouri

20. FILED 21 103 1932  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30th, 1932

22. I HEREBY CERTIFY That I attended deceased from Mar. 27th, 1932, to Mar. 30th, 1932  
I last saw him alive on Mar. 30th, 1932 Death is said to have occurred on the date stated above, at 2:35 PM  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: 1070  
Ac. Bronchitis  
non-tubercular

Name of operation..... Date of.....  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Yes  
(Signed) Ernest J. Finnan M. D.  
(Address) City Hospital

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.

Stiffler