

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

Do not use this space.

13960

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 608  
City St. Louis Mo. (No. 1425) Leffingwell Ave

File No.....  
Registered No. **3260**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1425 Leffingwell St. 21 Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Hay</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 26 1857</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>1</u>
	DAYS <u>5</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>Housework</u>	
	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) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>John Steller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 3/1</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Zuella Jago 1425 Leffingwell Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethany Cem.</u> DATE <u>April 4 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. E. Licklider St. James Mo</u>		
20. FILED: PR - 1 <u>W. H. Stanley</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1932, to April 1, 1932  
I last saw h. ev. alive on March 31, 1932 Death is said to have occurred on the date stated above, at 3 p. m.  
The principal cause of death and related causes of importance were as follows:  
cerebral haemorrhage (apoplexy) Date of onset March 19/32  
82A

Other contributory causes of importance: (1)

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....., 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? no  
If so, specify.....  
(Signed) George Mueller....., M. D.  
(Address) 1502 St. Louis

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.

15<sup>th</sup> + St Louis Ave.  
" " "  
Dec 7/68