

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

Do not use this space.

15439

1. PLACE OF DEATH  
 13 County Caldwell Registration District No. 97  
 5 Township ..... Primary Registration District No. 4059  
 1 City Ridder (No. .....) St. ..... (Ward) .....

2. FULL NAME Louis Stahl  
 (a) Residence, No. ..... St. ..... Ward. .....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 8 yrs. 9 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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 4 23

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

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) Fostoria, Ohio

13. NAME Louis Stahl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferry Co., Ohio

15. (MAIDEN NAME) Dinah Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner, Ohio

17. INFORMANT (ADDRESS) W. Sturges Shaw, Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridder, Mo. DATE May 20, 1932

19. UNDERTAKER (ADDRESS) H. F. Powell, Ridder, Mo.

20. FILED May 18, 1932 H. F. Powell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to May 17, 1932  
 I last saw him alive on May 16, 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
myocarditis, probable coronary embolism  
 Date of onset May 7-8, 1932

Other contributory causes of importance: .....

Name of operation none Date of .....  
 What test confirmed diagnosis? Clinical 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?  
 If so, specify .....  
 (Signed) Fred W. Wilson, M. D.  
 (Address) Winston, Mo.

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.

JUN 21 1932

