

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

Do not use this space.

17365

1. PLACE OF DEATH
 96 County St Louis Registration District No. 1123
 Township Carroll Primary Registration District No. 6548 FE
 City St. Louis (No. 311, Missouri are)
 2. FULL NAME Joseph Stoff
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 179
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Emma
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 3 15
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 29
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Muloney Elee. Co.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1932
 22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932, to May 26, 1932
 I last saw him alive on May 26, 1932 Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Docton, Ill.
 13. NAME Geo. H. Stoff
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Theresa Roman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Mrs Emma Stoff
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pl. DATE 5/30 1932
 19. UNDERTAKER (ADDRESS) C. Hoffmeister M. & Co. 2814 S. Broadway
 20. FILED 5/27 1932 L. C. Obrock Registrar

Pulmonary tuberculosis
23A
23B
 Other contributory causes of importance: _____
 Date of onset 1 year

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? Yes
 If so, specify _____
 (Signed) V. J. ... M. D.
 (Address) 7701 ...

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.

WHITE LABEL WITH UNFADING INK—THIS IS A PERMANENT RECORD

