

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

Do not use this space.

24526

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No. 791
City St. Louis, Missouri (No. City Infirmary)

File No.
Registered No. 6660
St. Ward

2. FULL NAME

Henry Stehle
(a) Residence, No. 5800 Arsenal St. 13 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. 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) Married Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Beatrice Billis (divorced)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1879

7. AGE YEARS 53 MONTHS 9 DAYS - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker & Book

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 48

10. Date deceased last worked at this occupation (month and year) April 1924 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska ?

13. NAME Felix Stehle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Minnie Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

17. INFORMANT M. Effinger (ADDRESS) 5800 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE July 19, 1932

19. UNDERTAKER (ADDRESS) J. N. Gebhardt & Co. 21 Co. 214 1/2 W. 13th St. St. Louis, Mo.

20. FILED L 19 1932 Ray C. Stables Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1931, to 7-11, 1932

I last saw h. live on 7-11, 1932 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum
46D
81A 46D

Other contributory causes of importance:
Transverse myelitis

Name of operation none Date of
What test confirmed diagnosis? Location of tumor & Resp Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Ray H. Moore, M. D.
(Address) 5800 Arsenal

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.

