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.

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

Do not use this space.

34309

File No. .....

Registered No. 9671

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City St. Louis (No. 2409 Mc Nair St. ..... Ward)

2. FULL NAME Michael Stamm

(a). Residence. No. 2409 McNair St., 23 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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Stamm

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 30, 1872

7. AGE: Years 59 | Months 9 | Days 29 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DEASCED
(a) Trade, profession, or particular kind of work Carpenter 29
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER Anton Stamm

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Barbara Schepp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Carolina Stamm
(Address) 2409 McNair

15. FILED NOV 1 1932 Roy C. Moydell REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1932, to Oct 29, 1932, that I last saw him alive on Oct. 29, 1932, and that death occurred, on the date stated above, at 5:15 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobular Pneumonia
10 DA / C M C
(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. L. Schroeder, M. D.
, 19 (Address) 3648 Gravois

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mo. Crematory

DATE OF BURIAL: 11-1 1932

20. UNDERTAKER: R. C. Moydell

ADDRESS: 1926 Allen