

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

Do not use this space.

✓ 37858

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 4620 Nebraska)  
St. .... Ward.....

File No.....  
Registered No. 10564  
St. .... Ward.....

**2. FULL NAME**

(a) Residence, No. .... St., 15 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word) Widowed

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

Maria

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 4 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself  
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) Germany 10

MOTHER FATHER 13. NAME Bernard H. Stickfort

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

15. MAIDEN NAME Katherine Hackmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hy Stickfort (ADDRESS) 4620 Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickens Cem. DATE Dec. 1, 1932

19. UNDERTAKER C. Hoffmeister & Co (ADDRESS) 7814 So Broadway

20. FILED CV 29 1932 Max O. Stender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from

11-1-, 1931, to 11-28-, 1932

I last saw him alive on 11-25-, 1932 Death is said

to have occurred on the date stated above, at 6 a. m.

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

Coronary thrombosis Date of onset 11-1-36

828 107

Other contributory causes of importance:  
high blood pressure  
2 previous strokes

Name of operation..... 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? no  
If so, specify.....

(Signed) L. F. Murray, M. D.  
(Address) 1831 S. 9th St.

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.

J. Murray  
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