

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.

42319

1. PLACE OF DEATH

County.....

Registration District No. **701**

File No. ....

Township.....

Primary Registration District No. **10007**

Registered No. **11450**

City **St. Louis** (No. **625 Skinker Road,** St. .... Ward)

2. FULL NAME

**Herman Charles Stifel,**

(a) Residence, No. ....  
(Usual place of abode)

St. **5** Ward.

(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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Clara Forster Stifel,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1860-6-7**

7. AGE YEARS MONTHS DAYS If LESS than 1 or ..... hrs. or ..... min.  
**72 6 15**

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

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

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) **Saint Louis, Mo.**

13. NAME **Christopher Stifel,**

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

15. MAIDEN NAME **Unknown Hammerstein,**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown.**

17. INFORMANT **Ernest S. Stifel**  
(ADDRESS) **Ladue Road, St. Louis County, Mo.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Talbot's Crematory** DATE **12/24/32** 19.

19. UNDERTAKER **Robert C. Buehler, Inc.**  
(ADDRESS) **Clayton Road at Concordia Lane**

20. FILED **DEC 23 1932** **W. C. Stifel** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 22nd, 19 32**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19. **32** to **December 22nd, 19. 32**

I last saw him alive on **December 22nd, 19. 32** Death is said to have occurred on the date stated above, at **11:30 A. M.**

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

**Pulmonary Embolus of Infarct - 10 days**

**Right Bundle Branch Block. distended**  
**in heart - (left ventricle)**

Other contributory causes of importance: **Valvular disease of heart**

**None**

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? **no**

If so, specify **Edward S. Smith**, M. D.

(Signed) **Edward S. Smith**, M. D.  
(Address) **3720 Washington blvd.**

