

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

Do not use this space.

14402

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 788
 Township Walden Primary Registration District No. 4471
 City Walden No. 780 East Big Bend Road St. _____ Ward _____

File No. _____
 Registered No. 51
 St. _____ Ward _____

2. FULL NAME Christian V. Stelzer

(a) Residence, No. 780 E. Big Bend 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 14 - 1873</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>3</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Engineer</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>American Packing Co.</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chicago Ill</u>		
13. NAME <u>Valentine Stelzer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Mary Bauscher</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Emma Stelzer</u> (ADDRESS) <u>780 E. Big Bend Rd.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield</u> DATE <u>April 22, 1933</u>		
19. UNDERTAKER <u>Riegenheim Bros.</u> (ADDRESS) <u>2123 Cherokee St.</u>		
20. FILED <u>4-20</u> 19 <u>33</u> <u>D. A. W. Wehrup</u> <u>2 Calochi</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7-a.m.

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

Chronic generalizing arterio-sclerosis. Ch. Myo Carditis. with many occlusions of coronary arteries. Date of onset _____

Other contributory causes of importance: Acute Hemorrhagic Coronary A. occlusion of R. Coronary artery

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 ✓
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Lake Burton (Address) 3718 Jennings Rd
Parsons, Mo., Mo.

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.

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