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

Do not use this space.

File No. 21233
Registered No. 5009

1. PLACE OF DEATH

County ..... Registration District No. 2003

Township 24 ..... Primary Registration District No. .....

City St. Louis Mo. (No. 4320 Ellenwood Ave. St. ..... Ward)

2. FULL NAME Marie Stankoltz Bolinger Melber

(a) Residence, No. 4320 Ellenwood Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18-1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	6	18	

OCCUPATION

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

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

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

FATHER

13. NAME Aug. Artman

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Karl Stankoltz
(ADDRESS) 5506 Tennessee Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews Cem DATE June 9 1933

19. UNDERTAKER Ziegenhein Bros
(ADDRESS) 3143 Cherokee St.

20. FILED June 9 1933 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to June 6 1933, I last saw h. alive on June 6 1933. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

	Date of onset
Carcinoma Liver + Secondary Blood	?
46	

Other contributory causes of importance:

Carcinoma Liver

Name of operation Exploratory Date of

What test confirmed diagnosis? Path Was there an autopsy?

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?
If so, specify

(Signed) Jesse L. Smith, M. D.
(Address) 3626 Pine St. 50 Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD