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

Do not use this space.

27978

1. PLACE OF DEATH

County..... Registration District No. 791

Township 9 Primary Registration District No. 19053

City St Louis Mo (No. St Lukes Hosp St. ..... Ward)

File No.....

Registered No. 7039

2. FULL NAME Albert Stapeller

(a) Residence, No. 3718 St Louis Ave St., 11 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	-	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Gas. Co

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

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) J Mo

FATHER

13. NAME John Stapeller

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

MOTHER

15. MAIDEN NAME Not known

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

17. INFORMANT Clara Stapeller
(ADDRESS) 3718 St Louis Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem St Charles Mo DATE Aug 16, 1933

19. UNDERTAKER Ky Leidner Und Co
(ADDRESS) 1417 N Market St

20. FILED AUG 15 1933, 19.... J F Bredeck
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to August 13, 1933

I last saw him alive on August 13, 1933. Death is said to have occurred on the date stated above, at 5-40 P. m.

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

	Date of onset
Chronic myocarditis	1 year
Cirrhosis of liver	1 year

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Physical exam Was there an autopsy? yes

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) Arnold Beckel, M. D.

(Address) 3720 Washington

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.

SEP 26 1933