

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

Do not use this space.

3-311

1. PLACE OF DEATH

County St. Louis
Township Central
City Pine Lawn, Mo.

Registration District No. 289
Primary Registration District No. 6093

File No. _____
Registered No. 275
Ward) _____

2. FULL NAME

Christian O. Stollenberg

(a) Residence, No. 6133 Natural Bridge Ave. (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 Margaret Stollenberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24, 1856

7. AGE YEARS MONTHS DAYS 77 5 27 LESS than 1 day, _____ hrs. or _____ min.

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

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) Switzerland

13. NAME C. O. Stollenberg

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

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Margaret Stollenberg 6133 Natural Bridge Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's Cem. DATE Sept. 25, 1933

19. UNDERTAKER (ADDRESS) Geo. St. Clark 1125 N. Hammond

20. FILED 9/23 1933 Opela Bray - M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1933, to Sept. 22, 1933

I last saw him live on Sept. 21, 1933. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Chr. Arterio sclerosis,
Chr. Myo carditis, chr. hepatic
sclerosis, with old gall-bladder
infection. Senility, Age 77.

Other contributory causes of importance:
Uremia-- Pulmonary congestion.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Stela B. Tumon, M. D.
(Address) 3718 Jennings Rd

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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