

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

Do not use this space.

31582

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **3003**
 City St. Louis (No. St. Matthews Hospital) St. Ward.....

File No.
 Registered No. **8291**

2. FULL NAME

Mildred Claire Stifter
 (a) Residence, No. 3445 1/2 Arsenal St., 16 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6 - 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>9</u>	<u>15</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME Nancy W. Stifter

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

MOTHER 15. MAIDEN NAME Olinda Specht

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

17. INFORMANT (ADDRESS) Nancy W. Stifter, Father 3445 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE Sept. 23, 1933

19. UNDERTAKER (ADDRESS) Decor. J. Hoffmeister 2445 Arsenal St.

20. FILED 2:13:19 J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 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 St. P. m.

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

Scalds and shock follow- 186 ft. in face into pipe of Boiling water in basement of home.
 Other contributory causes of importance:

Accident

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Sept 21, 1933

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Face

Nature of injury Scalds

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) Harold H. Blundy

(Address) St. Louis Mo.

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.

OCT 20 1933

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