

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 4505, San Francisco ave St. _____ Ward)

File No. 31807
 Registered No. 8543

2. FULL NAME Carl August Stahlberger

(a) Residence, No. _____ St. 10 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 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 Bertha Stahlberger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1883
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50 3 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mallinckrodt C. Co.
 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

13. NAME Anton August Stahlberger

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

15. MAIDEN NAME Rose Ruschmeyer

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

17. INFORMANT (ADDRESS) Bertha Stahlberger 4505 San Francisco

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Oct 3 1933

19. UNDERTAKER (ADDRESS) V. M. Schumacher 4734 Natural Bridge Ave

20. FILED Oct 14 1933 J. F. Breckler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to Sept 30 1933
 I last saw him alive on Sept 30 1933 Death is said to have occurred on the date stated above, at 12:30 p. m.

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

Chronic Myocarditis
1245
930
Cirrhosis of Liver

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? No
 If so, specify _____
 (Signed) Peter A. E. Clark, M. D.
 (Address) 4701 St Louis Ave

Date of onset unable to say
unable to say

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.

NOV 10 1933

23
10
10

