

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.

JAN 26 1934

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

Do not use this space.

42218

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1005**
 City St. Louis, Mo. (No. 4267 N. 21st St) St. Ward)

File No.
 Registered No. 83
 St. Ward)

2. FULL NAME

Wm J Stoppelman
 (a) Residence, No. 4267 N. 21st St. St. 9 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 70 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 Isabell Stoppelman
 (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12th 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 9 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
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) Dec 27th, 1933 **11. Total time (years) spent in this occupation** 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desoto, Mo.

13. NAME Louis Stoppelman

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

15. MAIDEN NAME Mary Bauer

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

17. INFORMANT Mrs. Isabell Stoppelman
(ADDRESS) 4267 N. 21st St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hiram Cemetery DATE Jan 3rd, 1934

19. UNDERTAKER Thompson Highway Memorial Co.
(ADDRESS) 3402 N. Thompson Highway

20. FILED 1934 12/31 J. B. Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Dec 31, 1933

I last saw h. alive on Dec 31, 1933 Death is said to have occurred on the date stated above, at m.

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

Chronic myocarditis
Arteriosclerosis
Hypertensive congestion of lungs
 Date of onset 12/10/33
 Other contributory causes of importance: None

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? Yes
 If so, specify Chronic myocarditis
 (Signed) J. B. Bredick, M. D.
 (Address) 1009 N. 18th St. St. Louis, Mo.

