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

Do not use this space.

File No. 2464

Registered No. 11

FEB 27 1934

1. PLACE OF DEATH

County St. Louis — Registration District No. 790

Township Central — Primary Registration District No. 6033

City Clayton (No. St. Louis County Hosp. St. Ward)

2. FULL NAME Lee Stadler

(a) Residence, No. Floras Spruce St., Overbrook 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: Margaret Stadler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 23 1904

7. AGE: Years 29 Months 9 Days 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General Motors Plant

10. Date deceased last worked at this occupation (month and year): Nov 15 1933

11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Urbana Ohio

FATHER

13. NAME: Louis Stadler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Urbana Ohio

MOTHER

15. MAIDEN NAME: Doretta Comer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Urbana Ohio

17. INFORMANT (ADDRESS): Paul Stadler Affton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lebanon Ill. DATE Jan 10 1934

19. UNDERTAKER (ADDRESS): Oscar G. Schroeder Lebanon, Ill.

20. FILED 1/10 1934 Robert J. Umbreit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-9 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1934 to 1-9, 1934

I last saw him alive on 1-9, 1934. Death is said to have occurred on the date stated above, at 8 40 p.m.

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

	Date of onset
Lobar pneumonia (left lung)	1-1-34
108	

Other contributory causes of importance:

108

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? 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) T. R. Usher, M. D.

(Address) St. Louis Co. Hosp.

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.