

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.) St. (Ward)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **2891**
Registered No. **535**

2. FULL NAME

(a) Residence, No. **15530** **May Stimpff** St. **63077** Ward. **V**
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **35** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Stimpff		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1880		
7. AGE 53	YEARS 7	MONTHS 0
		DAYS 0
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
	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) **Ireland**

13. NAME **Richard Ryan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Winters**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Warp - 414 of St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **Jan 17, 1934**

19. UNDERTAKER (ADDRESS) **Thompson's Mortuary**

20. FILED 19 **34** **J. H. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 14, 1934**

22. I HEREBY CERTIFY That I attended deceased from **12/17, 1933** to **1/14, 1934**. I last saw him alive on **1/14, 1934**. Death is said to have occurred on the date stated above, at **12:25** m.

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

Cor. Myocarditis Date of onset

Other contributory causes of importance

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) **W. H. Blood**, M. D.
(Address) **City Hospital**

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.

EB 27 1934

35-1258

