

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.

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. **St. John's Hosp.**) St. Ward)

File No. **10710**
Registered No. **2532**
St. Ward)

2. FULL NAME

(a) Residence, No. **4946 Arling ton St - 7** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred **13** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Adam Stoll</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 28-1891</i>				
7. AGE	YEARS <i>62</i>	MONTHS <i>10</i>	DAYS <i>14</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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) <i>Aug 1933</i>			
11. Total time (years) spent in this occupation <i>Life</i>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Freeburg Illinois</i>				
FATHER	13. NAME <i>George Winkler</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Freeburg Ill.</i>			
MOTHER	15. MAIDEN NAME <i>Rose Hausmann</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Freeburg Ill.</i>			
17. INFORMANT <i>Adam Stoll</i> (ADDRESS) <i>4946 Arling ton St.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Freeburg Ill.</i> DATE <i>March 13, 1934</i>				
19. UNDERTAKER <i>John G. Sutzel</i> (ADDRESS) <i>Freeburg Ill.</i>				
20. FILED <i>13</i> 1934 19 <i>J. Bredeck</i> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 12, 1934*

22. I HEREBY CERTIFY That I attended deceased from *Oct 31, 1931* to *Present* 19...
I last saw him alive on *Mar 12, 1934* Death is said to have occurred on the date stated above, at *3:40 P.* m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach (Date of onset) *1928*

Other contributory causes of importance: *46*

Name of operation *Operatory* Date of *Sept 30*
What test confirmed diagnosis? *Operatory* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* Date of injury *no*, 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) *Henry M. Strat* M. D.
(Address) *22767 Park Av.*

APR 25 1934

