

MAY 25 1934

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

Do not use this space.

14519

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis**, (No. **St. Anthony Hospital**) St. _____ Ward _____

File No. _____
Registered No. **3700**

2. FULL NAME **Mary Stookle**

(a) Residence, No. **2921a Michigan Ave.**, St. **16** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fred Stookle.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 16, 1869.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 -- 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At home**

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) **Germany.**

13. NAME **Dont Know.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

15. MAIDEN NAME **Dont Know.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

17. INFORMANT (ADDRESS) **William Barber**
2921a Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Poplar Bluff, Mo.** DATE **Apr. 13, 1934.**

19. UNDERTAKER (ADDRESS) **J. A. Bekker & Co.**
2842 Meramec St.

20. FILED **1934** REGISTRAR. **J. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 11, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **3-18-1934** to **4-11-1934**

I last saw her alive on **4-11-1934** Death is said to have occurred on the date stated above, at **11:20 P.M.**

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

Thrombus Pulmonary Artery Date of onset **4-11-34**
Chronic Phlebitis
Internal Saphenous **yes**

Other contributory causes of importance:

Cholecystectomy 3 wks ago **127A**
100A

Name of operation _____ Date of _____ **3/20/34**

What test confirmed diagnosis: **Autopsy** Was there an autopsy? **yes**

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 _____

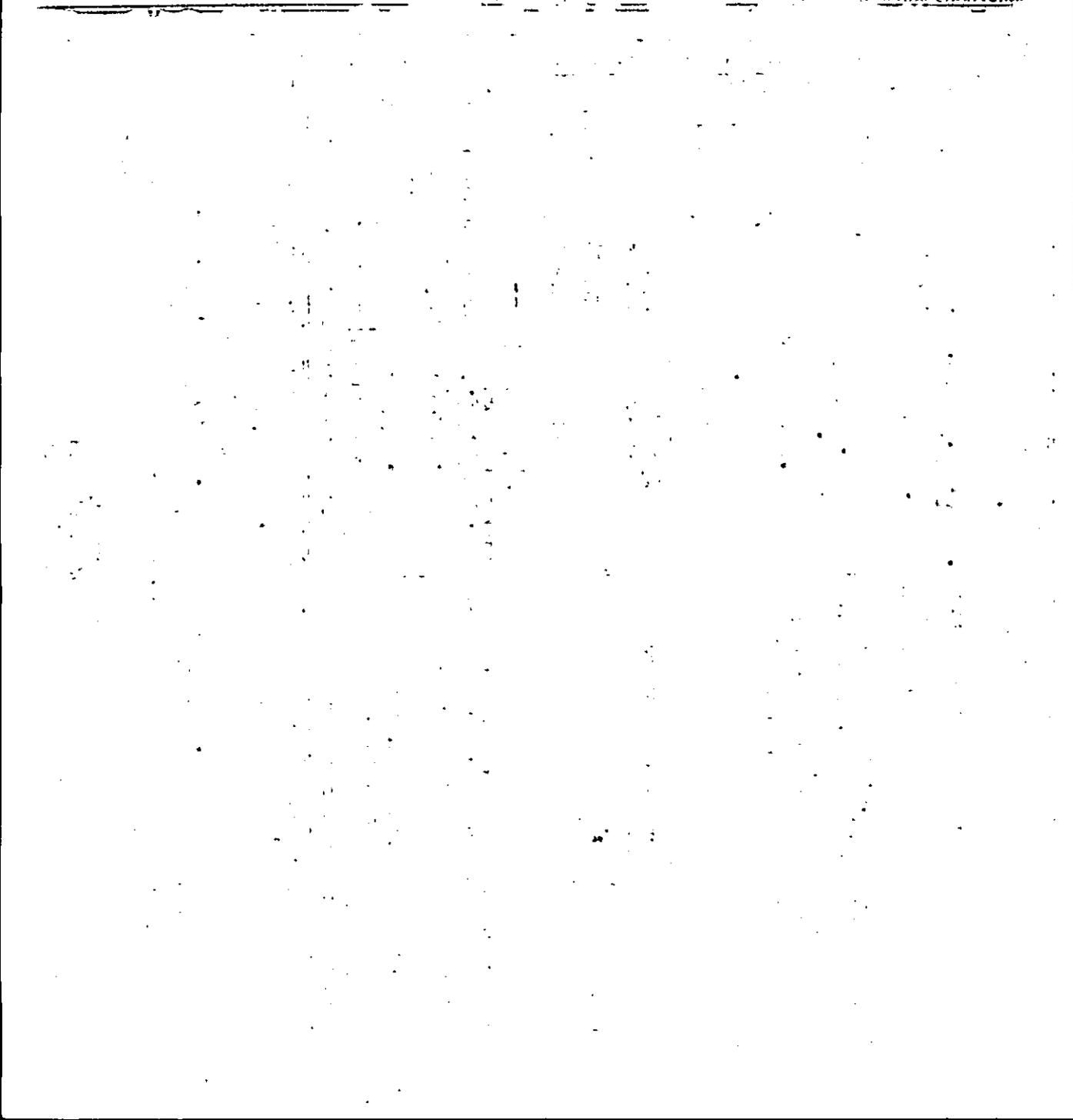
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **h.c.**

If so, specify _____

(Signed) **Walter M. Jones**, M. D.

(Address) **3400 Meramec**



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....
 Township..... Primary Registration District No. 1003 Registered No. 3700
 City St. Louis No. St. Anthony Hosp St. Ward)

2. FULL NAME

(a) Residence, No. Mary Shackles St. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 25

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 6-15-34 J. J. Bedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the at..... m.
 The principal cause of death and related causes of importance were as follows:

Thrombotic Pulmonary -
Chr. phlebitis of internal saphenous veins
 Date of onset

Other contributory cause of importance: operation for removal of gall stones

Name of operation Cholecystectomy 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 Walter M. Jones, M. D.
 (Signed) 3400. Meramec
 (Address)

SUPPLEMENTARY

S-14519