

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791 File No. 26532
 Township St. Louis Primary Registration District No. 1093 Registered No. 6701
 City St. Louis (No. 4900) St. Indian Ward 23

2. FULL NAME

(a) Residence, No. 2615 Indian St., Indian Ward 23
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 63

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Illinois

13. NAME Nicholas Stauder

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

15. MAIDEN NAME Wagner

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

17. INFORMANT Ray J. Keat (ADDRESS) City St. Louis

18. BURIAL, CREMATION OR REMOVAL PLACE St. Peter & Paul 7-7 1934

19. UNDERTAKER Southern Ind Co (ADDRESS) 6322 A Grand

20. FILED LL - 6 1934 J. Bebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/28 1934 to 7/5 1934

I last saw him alive on 7/5 1934 Death is said

to have occurred on the date stated above, at 4:30 m.

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

Generalized arteriosclerosis Date of onset? ?
Cerebral hemorrhage July 4, 1934
Syphilis of central nervous system ?

Other contributory causes of importance

Name of operation none Date of

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

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 No

(Signed) Dr. A. Matthe, M. D.

(Address) City St. Louis #1

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.

WRITE PEAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 15 1934

