

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.

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

Do not use this space.

OCT 11 1934

31469

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **4518**, **Washington Ave**) St. Ward)

File No.....
Registered No. **8797**

2. FULL NAME

Fredericka A Stalstenberg
(a) Residence, No. **5623 Miller Place** **7** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **32** 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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND/OF (OR) WIFE OF Virgil L. Stalstenberg				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3rd 1902				
7. AGE	YEARS 32	MONTHS 0	DAYS 28	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) **St. Louis, Mo.**

13. NAME **Frederick A Cook**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Augusta Cook**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT (ADDRESS) **Virgil L. Stalstenberg 5623 Miller Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **9/3**

19. UNDERTAKER (ADDRESS) **Kingsbury Memorial Co 13482 N. Kingsburyway**

20. FILED **SEP - 1 1934** **Joe P. Biedack** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 31st 1934**

22. I HEREBY CERTIFY, That I attended deceased from **2-7**, 19**34**, to **8/31**, 19**34**
I last saw h. or alive on **8/30**, 19**34** Death is said to have occurred on the date stated above, at **1:10** A. m.

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

Carcinoma Breast L. general metastasis
50
Date of onset **8-33**

Other contributory causes of importance:

Name of operation **Radical Breast** Date of **2/15/34**
What test confirmed diagnosis? **Laboratory** 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) **W. J. Hunt** (Address) **5349 Rowden**

