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

MAR 15 1935

Do not use this space. 6972 1380

791 1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. City Hosp #1 St. ..... Ward)

17660

2. FULL NAME Hulda Stamm

(a) Residence, No. Lutheran Convalescent St. ..... Ward. Home (If nonresident, give city or town and State)
(Usual place of abode) 4359 Jaft

Length of residence in city or town where death occurred 64 yrs. mos. ds. 15 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 (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1872

7. AGE: YEARS 62 MONTHS 2 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Henry Stamm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

MOTHER
15. MAIDEN NAME Charlotte Stephan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) Hosp Inf Patent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Ill DATE Feb 11 1935

19. UNDERTAKER (ADDRESS) Seiderwieden Funeral Home 4936 St Louis Ave

20. FILED FEB -9 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/21, 1935, to 2/8, 1935
I last saw her alive on 2/8, 1935 Death is said to have occurred on the date stated above, at 2:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (old)	
Malignancy of Rectum?	
Cancer of rectum	

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. L. Harris, M. D.
(Address) City Hosp #1