

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.

MAR 5 1935

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

Do not use this space.

7216

1. PLACE OF DEATH

County.....

Registration District No. **701**

Township.....

Primary Registration District No. **10158**

City **St. Louis** (No. **17542**)

(No. **St. Louis**)

St. **St. Louis**

Ward **73**

File No. **1632**

Registered No. **1632**

2. FULL NAME

(a) Residence, No. **2145**

(Usual place of abode)

Ward **73**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. **2** mos. **9** 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) **Oct 29-34**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min. **0 23 19**

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

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 **Chas. Stumberger**

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

15. MAIDEN NAME **Rose Berger**

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

17. INFORMANT (ADDRESS) **Harvey M. Kent City St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Maplewood** DATE **Feb 20 1935**

19. UNDERTAKER (ADDRESS) **J. H. Cooper 2627 1/2 Broadway St. Louis**

20. FILED **18** 1935 19 **J. H. Bredeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/17 1935**

22. I HEREBY CERTIFY, That I attended deceased from **1/19 1935**, to **2/17 1935**

I last saw him alive on **2/17 1935**. Death is said to have occurred on the date stated above, at **12:13** p.m.

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

**Pneumonia, lobal**

Date of onset **1/18/35**

Other contributory causes of importance: **100**

**Cholic melia, bilateral** **1/19/35**

**Peri-renal abscess** **2/1/35**

Name of operation **clinical** Date of **no.**

What test confirmed diagnosis? **clinical** 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)

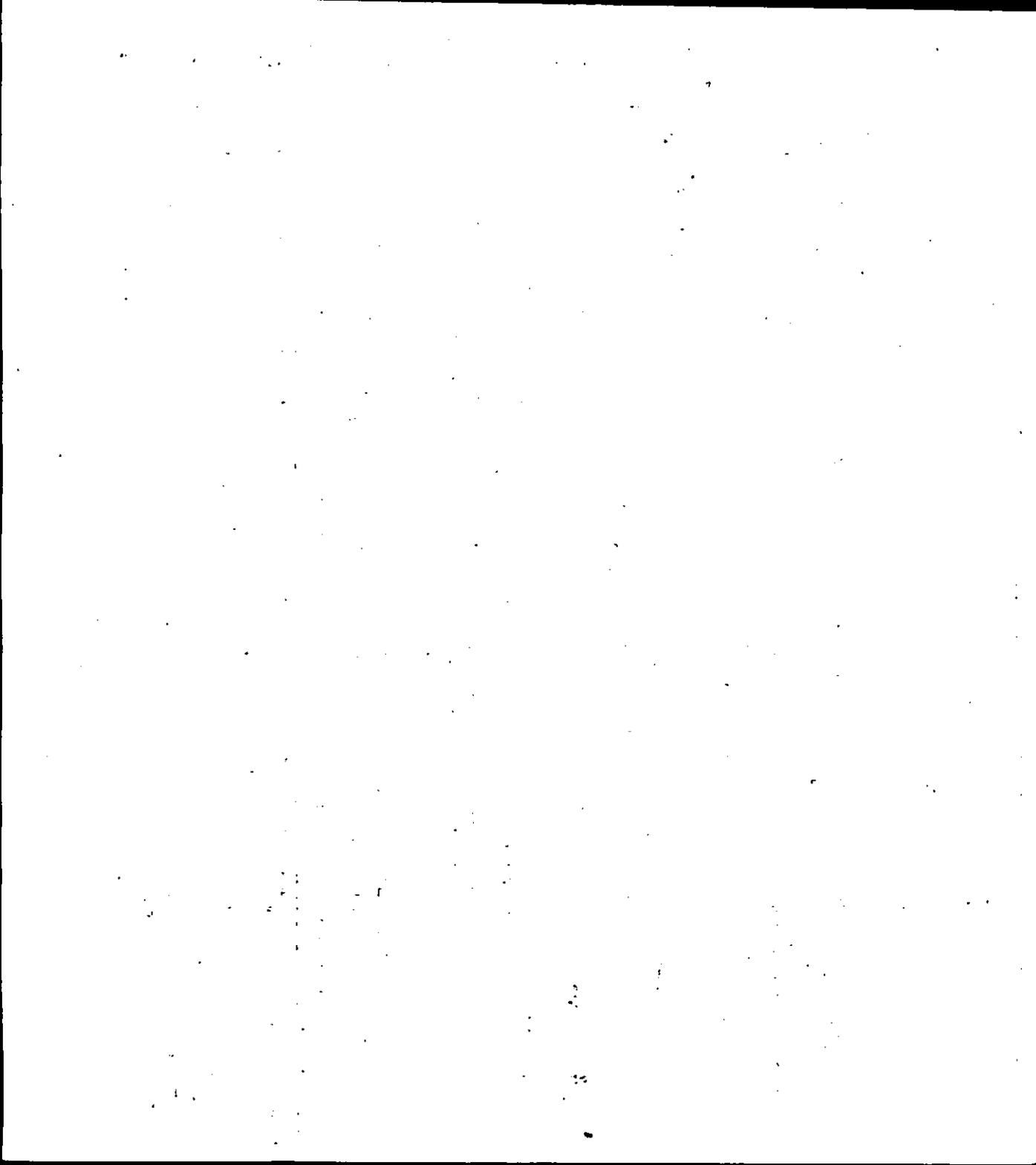
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify **W. F. Dualltrough**

(Signed) **W. F. Dualltrough** M. D.

(Address) **City St. Louis**



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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township St. Louis.....  
City St. Louis (No. ....)

Registration District No. 791.....  
Primary Registration District No. 1003.....

File No. 7216-  
Registered No. 163 ✓  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED D  
(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.  
- 2 19

OCCUPATION  
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)

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 6/22 1935 J. Bredack Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

Peri rectal abscess.  
(Neither traumatic or tuberculous) probably hemogenous in origin.  
Other contributory causes of importance:  
Date of onset

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 N. S. Falgout (M. D.)  
(Signed) City 14 up #1  
(Address) .....

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.

17542

RECEIVED

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