

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

Do not use this space.

9943

1. PLACE OF DEATH ^{APP 24 1935}

76 County Montgomery Registration District No. 576
Township Bellflower Primary Registration District No. 5787B
City Bellflower (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Jacob Stahl

(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 Male 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 Lena Stahl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 4 7

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

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) Zurich
(STATE OR COUNTRY) Switzerland

13. NAME Jacob Stahl

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs Lena Stahl
(ADDRESS) Bellflower Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mustard cemetery DATE 4-2-35

19. UNDERTAKER R. W. River
(ADDRESS) Bellflower Mo

20. FILED H-1 1935 R. W. River
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1934, to Mar 31, 1935

I last saw h. l. m. alive on Mar 31, 1935. Death is said to have occurred on the date stated above, at 7:30 p. m.

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

APoplexy
CHRONIC GLOMERULAR NEPHRITIS
ASCITES & DROPSY
MYOCARDIAL INEFFICIENCY

Other contributory causes of importance: 121

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? No

If so, specify _____

(Signed) Allen H. Van Arsdale, M. D.

(Address) Bellflower, Mo

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.

