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.

27995

SEP 16 1935

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St Louis Mo. (No. 2342 Michigan Ave. St. ..... Ward)

File No. .....

Registered No. 7073

2. FULL NAME August John Stiehr Jr

(a) Residence, No. ..... St., 17 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30th 1933

7. AGE: YEARS 2 | MONTHS 4 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 August John Stiehr Sr

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

MOTHER

15. MAIDEN NAME Josephine E Peltier

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

17. INFORMANT (ADDRESS) August John Stiehr Sr. 2342 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul DATE March 21th 1935

19. UNDERTAKER (ADDRESS) J H Gebken L & U. Co. 2630 Gravois Ave

20. FILED AUG 20 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1935 to Aug 19, 1935

I last saw him alive on Aug 18, 1935 Death is said to have occurred on the date stated above, at 11.40 A.m.

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

	Date of onset
Bauti's Disease	1-1-34
730	
Other contributory causes of importance: Secondary anemia	1-1-34

Name of operation none Date of .....

What test confirmed diagnosis? Laboratory 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) [illegible], M. D.

(Address) 2318 S. Grand St Louis Mo.

100M-3-28-35

[illegible]