

OCT 28 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 790File No. 30634Township CentralPriority Registration District No. 6033^aRegistered No. 260

City

(No. St. Louis County Hospital St. _____ Ward)

2. FULL NAME

(a) Residence, No. 6312

(Usual place of abode)

St. Wellington

(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

Emma Stoppelkamp

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

September 8, 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7404

OCCUPATION

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

Laborer

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, Missouri

13. NAME

Don't know

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

Germany

15. MAIDEN NAME

Don't know

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

Germany

17. INFORMANT (ADDRESS)

Mr. Harry Stoppelkamp
6312 Wellton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Sept 16, 1935

19. UNDERTAKER (ADDRESS)

Geo. L. Weisbach Inc.
5966 Eastern Ave.

20. FILED

9/13, 1935Dr. G. J. Squarrell

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from

9/12/35, 1935, to 9/12/35, 1935I last saw him alive on 9/12/35, 1935. Death is saidto have occurred on the date stated above, at 5:35 P. m.

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

Peritonitis Secondary to perforated ulcer of Colou Cecum. Date of onset 9/2/35

Other contributory causes of importance:

TobaccoName of operation None Date of _____What test confirmed diagnosis? Yes Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury _____, 1935

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 _____

(Address) St. Louis, Mo.(Address) St. Louis, Mo.

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.

