

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.

DEC 12 1935

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

Do not use this space.

37553

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4252 Gertrude)

File No.....
Registered No. 9520
St. Ward)

2. FULL NAME Joseph O. Stehlin

(a) Residence, No. 4252 Gertrude
(Usual place of abode)

St. * Ward. 1

(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, WIDWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>1</u>	<u>14</u>	

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

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 Paul Stehlin

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Emma Stehlin
4252 Gertrude

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Peter's Paul DATE Nov 15 1935

19. UNDERTAKER (ADDRESS) Wacker - Heldeple
2331 S. Grandway

20. FILED NOV 14 1935 19 J. Credeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Nov 17 1935

I last saw him alive on Nov 14 7:50 PM Death is said

to have occurred on the date stated above, at St Louis Mo

The principal cause of death and related causes of importance were as follows:
Carcinoma of left lung Date of onset

Other contributory causes of importance:
47

Name of operation..... Date of.....
What test confirmed diagnosis? 229 Was there an autopsy? Yes

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 59
(Signed) D. S. Johnson M. D.
(Address) 3155 Grand Blvd.

