DEC 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 37851

Township ..... Primary Registration District No. 1003 Registered No. 9828

City St Louis (No. 3745 Lindell St. ..... Ward)

2. FULL NAME Adolph H. Stille

(a) Residence, No. 3745 Lindell St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 Clementine P Stille

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1868

7. AGE: YEARS 67 MONTHS 6 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
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 George H Stille
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannover Germany

MOTHER

15. MAIDEN NAME Josephine Luthes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

17. INFORMANT (ADDRESS) Cora Aldersen 3745 Lindell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo Crematory DATE Nov 25 1935

19. UNDERTAKER (ADDRESS) Frank Hettage 3125 Lafayette

20. FILED NOV 24 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1929 to Nov 22 1935

I last saw him alive on Nov 22 1935 Death is said to have occurred on the date stated above, at 11 P.m.

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

Cerebral Hemorrhage Instantaneous

Date of onset

Other contributory causes of importance:

Acute indigestion

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) Walter H. Dobson D.C.

(Address) 706 Century Bldg

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.