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.

APR 25 1936

12230

1. PLACE OF DEATH

County St. Louis — Registration District No. 784 — File No.

Township St. Ferdinand — Primary Registration District No. 6030 — Registered No. 42

City St. Louis, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Sister Mary Lellis Stehle

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

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Feminine

4. COLOR OR RACE: White

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED (write the word)~~: ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1856

7. AGE: Years 79 — Months 4 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Philadelphia Pa.

FATHER

13. NAME Joseph Stehle

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

MOTHER

15. MAIDEN NAME Mary Baier

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

17. INFORMANT (ADDRESS) Sister M. Honoria

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Villa Gem DATE Mar. 3, 1936

19. UNDERTAKER (ADDRESS) Fendler and Co 7819 St. Louis, Mo. Michigan Ave

20. FILED March 4, 1936 W. A. Zeider Registrar. Earl C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1932, 19..., to Feb 29, 1936, 19...

I last saw h~~im~~er alive on 2-29-36, 19... Death is said to have occurred on the date stated above, at 1:30 a.m.

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

	Date of onset
Chr. Myocarditis	2
Chr. Glomerulitis	2

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Tom ..... Was there an autopsy? No

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) Celestia A. Denk, M. D.

(Address) 5388 N. Union Blvd