

APR 11 1936

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

Do not use this space.

13385

1. PLACE OF DEATH

County St. Louis  
Township St. Louis  
City St. Louis  
420026

Registration District No. 791  
Primary Registration District No. 1003  
City St. Louis

File No. 3485  
Registered No. 3485  
St. 10 Ward

2. FULL NAME

(a) Residence, No. 4227 St. N. 10th Ward. 10

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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Stahl</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 5 - 1863</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>11</u>	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Common Laborer</u>
	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)  
Munster

13. NAME  
Joseph Stahl

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

15. MAIDEN NAME  
Josephine Goldman

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

17. INFORMANT (ADDRESS)  
Joseph Stahl

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Cathedral Cemetery DATE Mar. 31 1936

19. UNDERTAKER (ADDRESS)  
Joseph & Joseph  
2328 St. Louis Ave

20. FILED MAR 31 1936  
J. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/31 1936 to 3/29/36 1936.  
I last saw him alive on 3/29 1936 Death is said to have occurred on the date stated above, at 7 P.M.

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

Chronic Orchitis, Syphilis  
Chronic Epididymitis  
Senile Prostatitis  
Intoxication

Other contributory causes of importance: 34

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

What test confirmed diagnosis?..... 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? No

If so, specify.....

(Signed) Hyman H. Fergat, M. D.

(Address) City St. Louis

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.

