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.

AUG 18 1936

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

Do not use this space.

29302

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. St. Johns Hosp. St. ..... Ward)

File No. .....

Registered No. 8103

2. FULL NAME Elmer Stamm

(a) Residence, No. 5519 Alaska Ave. St., 15 Ward.
(Usual place of abode) (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: Isabel Stamm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 7th. 1897

7. AGE: Years 38 | Months 10 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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: Paul Stamm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

MOTHER

15. MAIDEN NAME: Emma Rohlfing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): Isabel Stamm, 5519 Alaska Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk. DATE Aug. 1st. 1936

19. UNDERTAKER (ADDRESS): William Schumacher, 3013 Meramec Street

20. FILED JUL 31 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29th. 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-26-1936, to 7-29-1936

I last saw him alive on 7-28-1936. Death is said to have occurred on the date stated above, at 5/45am.

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

	Date of onset
Cerebral Hemorrhage	7-29-36

Other contributory causes of importance:

Chr Nephritis (glomerular)

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? .....

If so, specify .....

(Signed) Carl [illegible], M. D.

(Address) 3730 Washington

3720 Washington