

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.

OCT 5 1936

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**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **Isolation Hospital**) St. Ward) **15**

File No. **35903**
Registered No. **9527A**

2. FULL NAME **(Jack) Stahl Philip John**

(a) Residence, No. **Grand and Delor** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 28, 1928**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
8 7 13

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. **School-boy**

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)..... **Missouri**
(STATE OR COUNTRY)

13. NAME **Joseph Stahl**

14. BIRTHPLACE (CITY OR TOWN)..... **Lanum Wisconsin**
(STATE OR COUNTRY)

15. MAIDEN NAME **Alice Alsop**

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

17. INFORMANT **A. Lane**
(ADDRESS) **5600 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.,** DATE **Sept. 16/36.**

19. UNDERTAKER **Jos. W. Clark.**
(ADDRESS) **1225 Hodiamont Ave.**

20. FILED **SEP 17 1936** **J. T. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 16, 1936.**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 14, 1936, to Sept. 16, 1936.**
I last saw h. alive on **Sept. 16, 1936.** Death is said to have occurred on the date stated above, at **3:15 A. M.**

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

Diphtheria, Pharyngeal Date of onset **Sept. 9.**
Tracheal

Pneumonia, Lobar **10** **Sept. 15.**

Other contributory causes of importance:

Toxic Myocarditis

Name of operation **N.E.P.** Date of

What test confirmed diagnosis? **autopsy** 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?.....
If so, specify.....

(Signed) **Henry J. Ylousky,** M. D.
(Address) **5700 Arsenal**

