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

Do not use this space.

1. PLACE OF DEATH NOV 4 1936
County
Township
City St. Louis, Mo. (No. , Bethesda Hosp St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 39309
Registered No. 10344

2. FULL NAME Gloria Mae Stiers
(a) Residence, No. 3006 Texas St., 24 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1934

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
2	6	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 Alvine Stiers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhineland, Mo.

MOTHER
15. MAIDEN NAME Kenneth Nagel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann, Mo.

17. INFORMANT (ADDRESS) Mrs. Alvine Stiers 3006 Texas Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann, Mo. DATE 10-16-36 19

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc. 429 No. Euclid Ave

20. FILED OCT 14 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/6, 1936, to 10/13, 1936
I last saw her alive on 10/13, 1936 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 Abscess following Otitis Media

Date of onset

Other contributory causes of importance: 8 P

Name of operation none Date of
What test confirmed diagnosis? Consultation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) T E Bened, M. D.
(Address) 2202 So Broadway

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.

I X7044

2202 So. Bway
2 – 5 p.m.