

NOV 4 1936

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

Do not use this space.

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39608

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. St. Johns Hospital) St. 10651 Ward

2. FULL NAME Matilda M. Stumpf

(a) Residence, No. 3738 Penrose St. St. 1D Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Stumpf
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11th, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 2 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Illinois

13. NAME Alexander Delieiere

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Frank Stumpf
(ADDRESS) 3850 Cottage Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marcus Cem. DATE Oct. 26th, 1936

19. UNDERTAKER Wrennham Naval
(ADDRESS) 1905 Union Blvd

20. FILED OCT 24 1936 J. H. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/12/1936 to 10/22/1936

I last saw him alive on 10/22/1936 Death is said to have occurred on the date stated above, at 1:15 P.M.

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

Surgical Shock
operation for
Duodenal & Renal Fistula
and Nephrectomy
no stones
Other contributory causes of importance:
Hemorrhage

Name of operation Duodenal & Renal Fistula
Nephrectomy Date of 10/22/36
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) Geo. Bartels M. D.
(Address) 650 Century Bldg.

WRITE PLAINLY, WITH UNFADING INK. THIS IS AT LEAST RECOMMENDED.

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.

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