

JAN 29 1937

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

Do not use this space.

45352

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township Norvemon Primary Registration District No. 5633
City (No.) St. Ward)

File No.
Registered No. 147

2. FULL NAME

Julius Stalte
(a) Residence, No. 3701 McMaster St. Hammond Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1936, to Dec 25, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30-1910

I last saw him alive on Dec 25, 1936 Death is said to have occurred on the date stated above, at 12 noon

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 2 25

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice plant
10. Date deceased last worked at this occupation (month and year) Oct 1, 1936 11. Total time (years) spent in this occupation ?

Pulmonary tuberculosis 1936
Date of onset
Other contributory causes of importance:
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hull Ill.

Name of operation None Date of
What test confirmed diagnosis Autopsy Was there an autopsy? No

13. NAME Antone Stalte

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)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Ill.

Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Georgia Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport Ill.

17. INFORMANT deceased

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hammond Mo DATE Dec 25, 1936

19. UNDERTAKER Jessett General Home
(ADDRESS) McNemon

20. FILED Dec 28, 1936 A. Holmes
Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Ice Stacker M. D.
(Signed) McNemon M. D.
(Address) McNemon Mo

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.

