JAN 20 1937

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

Do not use this space.

46395

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1003 Registered No. 12182

City St. Louis, Mo. (No. Bernard S Kin Barker Hospital St. Ward)

2. FULL NAME Stierlin - Matilda (Matilda H. Stierlin)

(a) Residence, No. #5546 Maple, Ave St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Rudolph Stierlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-24-69

7. AGE: YEARS 67 MONTHS 9 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 Rudolph Straube

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

MOTHER

15. MAIDEN NAME Julia Teschemacher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

17. INFORMANT Herbert Straube
(ADDRESS) 5546 Maple, Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE 12-12 1936
St. Charles, Mo.

19. UNDERTAKER C. R. Lupton + Sons
(ADDRESS) 4449 Olive, St.

20. FILED DEC 11 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-23 1936, to 12-10 1936

I last saw her alive on 12-10 1936. Death is said to have occurred on the date stated above, at 12 45 p.m.

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

	Date of onset
Ca of vulva	49 B
Peritonitis	
Cholecystitis c cholelithiasis	

Other contributory causes of importance:
Pneumonia

Vulvectomy o Basset, bilat.
Name of operation, Date of 11-25-36
What test confirmed diagnosis? Biopsy 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) Pearson G. Kellogg, M. D.
(Address) 3427 - Washington

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.