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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1123 — File No. 4438

Township Carondelet — Primary Registration District No. 6248 B1 — Registered No. 39

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Percy L. STOLZ

(a) Residence, No. 4371 Washington St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs. Lucy Stolz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
57	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker 56

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe factory

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 1

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable 31

MOTHER

15. MAIDEN NAME Ella Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri 1

17. INFORMANT (ADDRESS) M. Schillig Clinical Clerk Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Jan. 31, 1937

19. UNDERTAKER (ADDRESS) Craig Undertaking Co. 446 S Washington

20. FILED Jan. 29, 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1936, to January 28, 1937

I last saw him alive on January 28, 1937. Death is said to have occurred on the date stated above, at 10:40 ~~m.~~ p.m.

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

	Date of onset
Myocardial disease, congestive type of cardiac failure, with hypertrophy and dilatation (arteriosclerotic)	Unkn.
Other contributory causes of importance:	
Hypertension, severe	Unkn.
Arteriosclerosis	Unkn.

Name of operation None Date of —

What test confirmed diagnosis? Clinical manifestations, x-ray and laboratory findings 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 [signature] 1

(Signed) C. W. HUGHES, M.D., Chief Med. Officer.
(Address) Vet. Adm. Facility, Jeff. Brks., 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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