

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH

County St. Louis
Township _____
City University City (No. 6600, Washington _____ St. _____ Ward _____)

Registration District No. 1160
Primary Registration District No. 4472
_____ Washington _____ St. _____ Ward _____

File No. 4469
Registered No. 15

2. FULL NAME HELEN STAMM

(a) Residence, No. 3549 Giles St., _____ Ward. St. Louis MS
(Usual place of abode)

Length of residence in city or town where death occurred 85 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 Christian Stamm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 5 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household 2:30
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) Baden Baden, Germany
(STATE OR COUNTRY) Germany

FATHER
13. NAME Egnatz Ambruster

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Albert A. Geimer
(ADDRESS) 3549 Giles Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethania Cemetery DATE Jan. 30, 1937

19. UNDERTAKER Reiderwieden Funeral Home
(ADDRESS) 3620 Chippewa Street

20. FILED Jan. 29, 1937 Lena V. Moeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 - 1937 to Jan 27, 1937

I last saw her alive on Jan 27 - 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Apoplexy.
Arterio Sclerosis
Date of onset Jan 21, 1937

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? Yes
If so, specify _____
(Signed) A. Myers M. D.
(Address) 607 N. Grand St.

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.

