

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **Saint Louis, Missouri.** (No. **Lutheran Hospital.**)File No. **8683**Registered No. **2144**

St. Ward)

2. FULL NAME **Amanda Stoecklin.**(a) Residence, No. **3315 Texas Ave.** St. **24** 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

Widowed / Ervin

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

January 20th, 1865.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72**0****29**

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

House-Work

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

at home

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

Saint Louis, Missouri.

(STATE OR COUNTRY)

13. NAME

Charles Ringling.

14. BIRTHPLACE (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

17. INFORMANT **Walter Stoecklin**
(ADDRESS) **3317 Texas Ave.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **St. Pauls Churchyard** February 22, 193719. UNDERTAKER **Ziegenhein Bros.**
(ADDRESS) **12623 Cherokee Street.**20. FILED **FEB 21 1937****J. T. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 19th, 1937**22. I HEREBY CERTIFY that I attended deceased from **Jan 27** to **Feb. 19**, 1937.I last saw him alive on **Feb. 19**, 1937. Death is said to have occurred on the date stated above, at **3:30A.** m.

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

Date of onset

Chronic Cholecystitis with gall stones 1930

Other contributory causes of importance:

Duodenal Ulcer 1928Name of operation **Golexyotomy** Date of **Feb. 17, 37**What test confirmed diagnosis? **X-Ray of Op.** 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? **No**

If so, specify _____

(Signed) **Julius Charles Ratter**, M. D.(Address) **2603 Cherokee 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.

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