

APR 9 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 **St Louis** (No. **220 Miller St**)  
 (New Route City Hospital #1) St. \_\_\_\_\_ Ward)

File No. **9850**  
 Registered No. **2405**  
 St. \_\_\_\_\_ Ward)

2. FULL NAME **Herman Stortz**

(a) Residence, No. **220 Miller St** St. **23** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 15 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**72 6 12**

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

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) **Herman Mo**

13. NAME **John Stortz** **Germany**

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

15. MAIDEN NAME **Elisa Hoffer** **Switzerland**

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

17. INFORMANT **Ida S Britt** (ADDRESS) **4020a Winnebago St**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **New Picker Cem Mar 2, 1937**

19. UNDERTAKER **Beiderwieden Funeral Home** (ADDRESS) **1936 St Louis**

20. FILED **MAR 1 1937** **J. P. Predeck** Registrar.

No **Medical Certificate of Death**

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **9:15** a.m.

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

**Cerebral Apoplexy**  
**Arterio Sclerosis**

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) **Alfred J. Perry** M. D.

(Address) **1214 1/2 Corvair**

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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