

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

Do not use this space.

**MAY 7 1937**

14400

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City St. Louis, Mo. (No. 5742a Page Blvd.)

Registration District No. 1791  
 Primary Registration District No. 1003

File No. ....  
 Registered No. 3896  
 St. .... Ward)

**2. FULL NAME** Minnie Stahl,

(a) Residence, No. 5742a Page Blvd., St. 5 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 [Signature]

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17th, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
35 86 10 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Fred F. Bilbusch,  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Fredericka Gerdemann  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Lillian Stahl,  
 (ADDRESS) 5742a Page Blvd.,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE April 13th

19. UNDERTAKER My Reider and Co.  
 (ADDRESS) 1417 N. Market St.

20. FILED APR 13 1937 J. Brebeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to April 10, 1937.  
 I last saw her alive on April 9, 1937. Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Myocarditis (Chronic)  
Arteriosclerosis  
 Date of onset 1933

Other contributory causes of importance: [Signature] 1930

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) W. E. Jones, M. D.  
 (Address) 4500 Clin. 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.

100-189

1887 August 1-2