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

Do not use this space.

File No. 18101

Registered No. 4677

1. PLACE OF DEATH JUN 12 1937

County

Registration District No. 791

Primary Registration District No. 1003

Township

City St. Louis (No. Park Lane Memorial Hosp. St. Ward)

2. FULL NAME Anna Ida E. Stadler

(a) Residence, No. Hillsboro Mo. St., NR Ward.
(Usual place of abode) (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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 1882

7. AGE: Years 54 Months 10 Days 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Germany

FATHER

13. NAME Julius Ruengert

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

MOTHER

15. MAIDEN NAME Ottilia Frederich

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

17. INFORMANT (ADDRESS) Rudolph Stadler Hillsboro, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem. DATE 5-8 1937

19. UNDERTAKER (ADDRESS) Witt Bros. for Mo. 2424 S. Jefferson Av.

20. FILED MAY 7 1937, 19.... J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30 1937, to May 5 1937, 19....

I last saw h.... alive on May 3 1937 Death is said to have occurred on the date stated above, at 10 a.m.

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

	Date of onset
Cerebral Hemorrhage	
Result of chronic Myocarditis	

Other contributory causes of importance:

Cerebral Hemorrhage

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?

If so, specify

(Signed) Amy J. Smith, M. D.

(Address) 4524 Delmar Blvd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.