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.

JUN 29 1937

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 789 — File No. 21323

Township Central — Primary Registration District No. 6033 — Registered No. 157

City Wellston (No. 1455 Morton Ave. 2 St. ..... Ward)

2. FULL NAME Eugene J. Stahl.

(a) Residence, No. 1455 Morton Ave St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
20	44	5	27	

OCCUPATION

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

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

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 Herman E. Stahl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Nellie Monahan

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

17. INFORMANT (ADDRESS) Mrs. Josephine O'Toole, 1455 Morton Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE June 7, 1937

19. UNDERTAKER (ADDRESS) Cullinane Bros, 1710 N. Grand Blvd.

20. FILED 6-4- 1937 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from May 12th 1937, to June 4th, 1937

I last saw him alive on June 4th, 1937 Death is said to have occurred on the date stated above, at 5 am m.

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

	Date of onset
Cardio renal disease	2
93	
Other contributory causes of importance:	
Ch. Myocarditis	2

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab 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? .....

If so, specify .....

(Signed) Arthur Lindlach, M. D.

(Address) 2202 Lincoln St