

AUG - 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 **St. Louis** (No. **Deaconess Hospital**) St. Ward) **6818**

2. FULL NAME **Louisa W. Stahl**

(a) Residence, No. **5895 Cates Ave.** St. **5** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **87** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 15, 1851**

7. AGE YEARS **85** MONTHS **11** DAYS **—** If LESS than 1 day, hrs. or min.

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

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) **St. Louis** (STATE OR COUNTRY) **Mo.**

13. NAME **Bernard Driemier**

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

15. MAIDEN NAME **Margaret Kaiser**

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

17. INFORMANT (ADDRESS) **John E. Jurgens**
5895 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **July 17, 1937**

19. UNDERTAKER (ADDRESS) **Alexander & Sons**
6175 Delmar Blvd.

20. FILED **JUL 16 1937** **J. H. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 15**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from

June, 19**37**, to **July 15**, 19**37**
I last saw him alive on **July 15**, 19**37** Death is said to have occurred on the date stated above, at **5:15 p.m.**

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

Myocarditis (Chronic)

Date of onset
1935

Other contributory causes of importance:

Arteriosclerosis

1934

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) **J. E. Jones**, M. D.

(Address) **4500 Olive 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.

5189 Raymond

7:00 P.M.