

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.

AUG - 5 1937

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

Do not use this space.

25924
7098

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **St. Luke's Hospital**)

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

2. FULL NAME **Lettie M. Stauffer**

(a) Residence, No. **5221a Alaska Ave.** St. **15** 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 25, 1937**

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF **Joseph F Stauffer**
(OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from **5-28-** 19**37** to **7-24-** 19**37**

I last saw her alive on **7-24-37** 19**37** Death is said to have occurred on the date stated above, at **12.30 A.M.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 17, 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 0 8

Date of onset
Varicos. vaginal fistula
Neuro. vaginal fistula
(Post-operative) 1936 (operation for cancer of uterus)

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

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.

Other contributory causes of importance:
peritonitis 6-11-37 for repair gallbladder - Papillitis developed from calculi

12. BIRTHPLACE (CITY OR TOWN) **St. Louis Missouri**

13. NAME **Louis Fox**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo.**

15. MAIDEN NAME **Louise Schwartz**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**

Name of operation. **Exploratory laparotomy** Date of **6-11-37**
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.

17. INFORMANT **James Stauffer** (ADDRESS) **5221a Alaska**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **7/28/37**, 19...

Manner of injury Nature of injury

19. UNDERTAKER **Southern Funeral Home** (ADDRESS) **6522 S. Grand**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify (Signed) **Chas. D. Keefe**, M. D.
(Address) **3720 Washington St. St. Louis**

20. FILED **10-26-1937** **J. Bredeck** Registrar.

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Dr. O'Neil
3720 Washburn

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