

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

OCT 26 1937

35358
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1123
 (b) Township Carondelet Primary Registration District No. 6248 E Registered No. 389
 (c) City St. Louis (d) Street No. 341 Lagro Avenue St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anna Stibal
 (a) Residence, No. 341 Lagro Avenue St. St. Louis Co., Mo.
 (Usual place of abode, if no street address, write county or city) (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as 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) Bohemia

FATHER 13. NAME Jarisch

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Anna Pflueger - Daughter
 (ADDRESS) St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cemetery DATE September 22, 1937

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
 (ADDRESS) 7814 S. B'way, St. Louis, Mo.

20. FILED Sept 21, 1937 G. Mowry
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1937 to Sept. 18, 1937
 I last saw her alive on Sept 18, 1937 Death is said to have occurred on the date stated above, at 12:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast Date of onset

Other contributory causes of importance: 50

Name of operation none 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?
 If so, specify Charles Ebers!, M. D.
 (Signed) Charles Ebers! (Address) 7201 S. Grandway

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.

STATEMENT BY LICENSED EMBALMER

I, Leo James Budde, Licensed Embalmer No. 3989

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leo J. Budde, L. E. No. 3989

L. E. and Linus C. Hoffmeister, L. E. No. 3871

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Leo J. Budde

Licensed Embalmer No. 3989

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)