

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton

Registration District No. 790
Primary Registration District No. 60332

File No. 46725
Registered No. 462
St. _____ Ward _____

2. FULL NAME

George Stoessel

(a) Residence, No. Big Bend & Geyer, Kirkwood, Mo.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-19-1879

7. AGE YEARS 58 MONTHS 7 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookbinder, etc. nil.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 267
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) Mo.

FATHER 13. NAME Louis Stoessel

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

MOTHER 15. MAIDEN NAME Helen Meyer

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

17. INFORMANT (ADDRESS) Eleanor Nairt Big Bend & Geyer

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE 12-18-37

19. UNDERTAKER (ADDRESS) Louis N. Poff no Kirkwood

20. FILED 12/16, 1937 Dr. A. J. Squorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-37

22. I HEREBY CERTIFY, That I attended deceased from 11-18-37, 19____, to 12-16-37, 19____.

I last saw him alive on 12-16-37, 19____. Death is said to have occurred on the date stated above, at 8:00A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral embolism - rt.
Thrombus - wall l. auricle
Mitral stenosis
Other contributory causes of importance: 59
Mitral Stenosis
Cirrhosis of liver
Diabetes
Date of onset 12-16-37
Cause unk
30 yrs
10 yrs
2 yrs?

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) R. P. Fudbaum, M. D.
(Address) St. Louis County Hospital

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.

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