

REC'D MAR 14 1938

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

5059  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis Mo (d) Street No. 5326 Ridge Ave St. ....  
 (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.

Registered No. 1704

2. PRINT FULL NAME

(a) Residence, No. 5326 Ridge Ave St. 6  
 (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 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martin Stoltz  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 2 20  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1937, to 7/15, 1938  
 I last saw him alive on 7/15, 1938. Death is said to have occurred on the date stated above, at 2:15 m.  
 The principal cause of death and related causes of importance were as follows:  
ch. myocarditis  
ch. nephritis  
 Date of onset  
 Other contributory causes of importance:  
ch. nephritis

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

FATHER 13. NAME Ignatz Stosier

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

MOTHER 15. MAIDEN NAME Catherine Walters

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

17. INFORMANT (ADDRESS) Gene Stoltz  
5326 Ridge Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Mo DATE Feb. 18, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. J. Quinn  
1389 Union Blvd

20. FILED J. J. Redeker  
Local Registrar.

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Narrowly (Signed) Harvey Ellis, M. D.  
 (Address) 4743 National, St. Louis

FEB 17 1938

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, B. N. Farn, Licensed Embalmer No. 1394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. N. Farn

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. 1399

Signed B. N. Farn

Licensed Embalmer No. \_\_\_\_\_

**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.)**