

REC'D JUL 12 1938

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

19984
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3423 Juniata** 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

Magdalena Stumpf **351**
 (a) Residence, No. **3423 Juniata** St. **16** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Joseph Stumpf**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 9 1882**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 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) **Hungary**

FATHER 13. NAME **Joseph Stein**

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

MOTHER 15. MAIDEN NAME **Anna Beyerle**

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

17. INFORMANT (ADDRESS) **Anthony Stumpf**
3423 Juniata St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial** DATE **June 6 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Thos. Rutes**
2906 Grand

20. FILED **J. D. Breder** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 3 1938**

22. I HEREBY CERTIFY That I attended deceased from **Aug. 24 1936** to **June 3 1938**

I last saw her alive on **May 19 1938** Death is said to have occurred on the date stated above, at **4:15 P.M.**

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

Metastatic Sarcoma of Rt. Shoulder and chest due to Osteo-sarcoma of Right Thumb

Date of onset **3 yrs.**

Other contributory causes of importance: **Hemorrhages, repeated, & Infection**

Name of operation **Amputation of Rt. Thumb** Date of **Aug. 1936**

What test confirmed diagnosis? **Physical & Laboratory** 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) **Lewis Huttar** M. D.

(Address) **3606 Grand**

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.

I X12004

STATEMENT BY LICENSED EMBALMER

Leo J. Biddle Licensed Embalmer No. *3989*
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... I. E.
No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed: *Leo J. Biddle*
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.)