

REC'D JUL 12 1938

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

20374  
Do not use this space.

1003

1. PLACE OF DEATH

(a) County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
(c) City St. Louis mo (d) Street No. Allegiance Bros Registered No. 5513  
(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 JOHN STAHL 340

(a) Residence, No. \_\_\_\_\_ St. NR Pevely, 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 M. 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 Minnie Stahl  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30-1887  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 6 17

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Laborer  
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) Pevely, mo.

FATHER 13. NAME John Stahl

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

MOTHER 15. MAIDEN NAME Anna Rabe

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

17. INFORMANT (ADDRESS) J. Wessler  
Pevely, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Emmanuel Lutheran Ch. DATE June 20, 1938

19. FUNERAL DIRECTOR (ADDRESS) Reichig Funeral Home  
St. Louis, mo

20. FILED JUN 18, 1938 J. Bredeck  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:30 A m.

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

Fracture of skull, Laceration of brain, compound fracture of ribs, and laceration of lung thrust by fusco freight car Engine #4030 named by conduct

Other contributory causes of importance:

Ray Johnson, Engine 4030, P. Rich and Jerome, P. Road about 1 1/2 miles S. of Bamber, Mo.

Name of operation 6/16/38 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? yes Date of injury 6/16, 1938

Where did injury occur? Bamber, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See above

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. Wessler, M. D.

(Address) Pevely, Mo

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, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Howard G. Newland*  
Licensed Embalmer No. *3114*

**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.)**