

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

37522
 Do not use this space.

DEC 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **St. Luke Hospital.** Registered No. **9849**
 (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

(a) Residence, No. **#4035 Flora Place.** St. **[17]**
 (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) Married.	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gustave A. Stamm.			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 9th, 1891.			
7. AGE	YEARS 47.	MONTHS 3.	DAYS 4.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as saw mill, bank, etc. At Home.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) East St. Louis, (STATE OR COUNTRY) Illinois			
FATHER	13. NAME Albert Mootz.		
	14. BIRTHPLACE (CITY OR TOWN) Hanover, (STATE OR COUNTRY) Germany.		
MOTHER	15. MAIDEN NAME Anna Jackiesch.		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.		
17. INFORMANT Gustave A. Stamm. (ADDRESS) 4035 Flora Place.			
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Nov, 15th, 1938			
19. FUNERAL DIRECTOR (NAME) C. R. Lupton & Sons. (ADDRESS) #7233 Delmar Blvd.			
20. FILED NOV 14 1938 J. T. Bradeck Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 13th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 25**, 1938, to **Nov 13**, 1938
 I last saw her alive on **Nov 12**, 1938. Death is said to have occurred on the date stated above, at **12:30 A.M.**
 The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
Pleurisy & effusion
Empyema of the pleura
 Date of onset **Oct 15**
Oct 24
Nov 4

Other contributory causes of importance:
Chronic valvular disease of heart - mitral stenosis

Name of operation **Aspiration, chest** Date of **Nov 9-10**
 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? **1**
 If so, specify (Signed) **Walter Frickel**, M. D.
 (Address) **3720 Washington**

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.

June 10 Am. 1911

2-11

MAILED 3700 Wash DC 1911

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Bradford A. Miles

or by

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

Signed: *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address: *St. Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.