

REC'D FEB 10 1939

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

520

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. City Hospital No. 1 Registered No. 520
(If death occurred in Hospital or Institution, write its name instead of street and number) 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.

2. PRINT FULL NAME

(a) Residence, No. 5419 Idaho St. 15 (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 male	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 <u>Alma Stahl</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28, 1887</u>				
7. AGE YEARS <u>52</u>	MONTHS <u>51</u>	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.	
OCCUPATION	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. <u>paper hanger</u>			
	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) <u>St. Louis, Missouri</u>				
FATHER	13. NAME <u>Charles Stahl</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Emma Beck</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
17. INFORMANT (ADDRESS) <u>Hosp. Info M. Kent</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lakewood Park Burial</u> DATE <u>Jan 18, 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Seiderwiden Tomlinson</u> <u>1936 St. Louis</u>				
20. FILED <u>JAN 17 1939</u> 19..... <u>J. D. Brudick</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/15/39, 19.....

22. I HEREBY CERTIFY, That I attended deceased from 12/12/38, 19..... to 1/15/39, 19.....
I last saw him alive on 1/15/39, 19..... Death is said to have occurred on the date stated above, 10 p..... m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of esophagus
Date of onset 10 mos ago

Other contributory causes of importance: Alc

Name of operation..... Date of.....
What test confirmed diagnosis? biopsy 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? no
Specify.....
(Signed) C. D. Zuehl, M. D.
(Address) City Hospital #1

(Licensed Embalmer's Statement on Reverse Side)

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 X16605

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, or by.....

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

Signed.....

Lucas
Licensed Embalmer No. 3737
P. O. Address 1936 St. Louis

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.