

MAR 13 1939

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

4789
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 2020 Ann Ave. Registered No. 1482
(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 Orble Staehlin

(a) Residence, No. 2020 Ann Ave. St. 23
(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 Bart Staehlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) De Soto
(STATE OR COUNTRY) Missouri

FATHER 13. NAME E.M. Ray

14. BIRTHPLACE (CITY OR TOWN) Bloomsdale
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Elizabeth Chardin

16. BIRTHPLACE (CITY OR TOWN) St. Genevive
(STATE OR COUNTRY) Missouri

17. INFORMANT Bart Staehlin
(ADDRESS) 2020 Ann Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cm. DATE 2/16/39 19

19. FUNERAL DIRECTOR (NAME) Weick Bros. Und. Co.
(ADDRESS) 2201 S. Grand Bl.

20. FILED FEB 15 1939 J. P. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1939, to Feb 12 1939.
I last saw her alive on Feb 10 1939. Death is said to have occurred on the date stated above, at 7:15 A.M.

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

Acute Pericarditis

Date of onset 2/11/39

Other contributory causes of importance:

Chronic Rheumatism

1938

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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 _____
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 _____ M. D.
(Signed) W. M. Feltner
(Address) 3775 S. 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.

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

Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.