REC'D MAR 13 1939

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

4971
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City
Registration District No. 731
Primary Registration District No. 1003
Registered No. 1664
(d) Street No. Missouri Bantist Hosp. 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 Loretta M. Staehlin
(a) Residence, No. 5582 Floy Ave. St. 7
(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: Malcom R. Staehlin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 11. 1914
7. AGE: Years 24 | Months 6 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): St. Louis, Mo. 0 mo.

FATHER
13. NAME: Albert Burke 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER
15. MAIDEN NAME: Anna Ahrens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Malcom R. Staehlin, 55 82 Floy Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 2/23/39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. A. Stock Und. Co 2117 E. Grand Blvd.
20. FILED FEB 21 1939, 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20. 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1939, 19, to Feb. 20. 1939, 19
I last saw her alive on Feb. 20, 1939, 19 Death is said to have occurred on the date stated above, at 9.20 m. A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolus	
127	

Other contributory causes of importance:
myocarditis
hepatitis { acute caused by gall bladder disease gno stones

Name of operation cholecystectomy Date of 2-13-39
What test confirmed diagnosis? clinical 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) Henry E. Rosenberg M.D., M. D.
(Address) 4503 Page Blvd St, Louis, Mo.

(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.

Dr. Henry Rosenberg
450 Page
Forest 2288

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Fred

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.