

REGD SEP 14 1939 791
Registration District No. **1008**

Primary Registration District No. _____

Registrar's No. **7194**

1. PLACE OF DEATH:

1008 La 58 85

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hours
(Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County (2)
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5811a S. Kingshighway
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME CHRISTOPHER A. STADLER

8. (b) If veteran, name war _____ 3. (c) Social Security No. 492-10-9451

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise M. Reinhardt Stadler 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased (Month) June (Day) 27 (Year) 1879

8. AGE: Years 60 Months 1 Days 20 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Salesman

11. Industry or business Coal Co.

12. Name Unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise Stadler

(b) Address 5811a S. Kingshighway

17. (a) Burial (b) Date thereof Aug. 19, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Benjamin James
(b) Address 1936 St. Louis

19. AUG 19 1939 (b) _____
(Date received local registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th
year 1939 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12-15, 1938, to 9/16, 1939,
that I last saw him alive on Aug 16, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Duration 3 days

Due to Perforations (2) of Stomach

Due to Carcinoma of Cyloric End

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations _____
Of autopsy 2 perforations of Cyloric End of Stomach
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. L. Kotel (M. D. or other) _____
Address 7606 Gravois Date signed 9/7/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39

Dr. A. G. Hart
3606 Lincoln

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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 _____

_____ *Max Warfel* _____, Registered Apprentice No. *215*
working under my personal supervision.

Signed _____ *[Signature]* _____
Licensed Embalmer No. *3737*
P. O. Address *1936 N. Young Ave.*

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.