

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**  
(b) City or town **ST. LOUIS**  
(c) Name of hospital or institution: **City Hospital**  
(d) Length of stay: In hospital or institution **3**  
In this community **2 1/3** years, months or days

8. (a) PRINT FULL NAME **JACOB. STALDER.**

8. (b) If veteran, name war **no** 8. (c) Social Security No. **492-03-3531**

4. Sex **MALE** 5. Color or race **WHITE**

6. (b) Name of husband or wife **BARBARA** 6. (a) Single, widowed, married, divorced **MARRIED**

7. Birth date of deceased **OCT 14 1897**

8. AGE: Years **62** Months **7** Days **6** If less than one day hr. min.

9. Birthplace **SWITZERLAND**

10. Usual occupation **MACHINIST.**

11. Industry or business **LEHMAN MACHINE CO**

12. Name **UNKNOWN**

18. Birthplace **UNKNOWN**

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN**

16. (a) Informant **BARBARA STALDER**

(b) Address **7421 ALASKA.**

17. (a) **BURIAL** (b) Date thereof **MAY 23, 40**

(c) Place: burial or cremation **ST. PETER & PAUL CH.**

18. (a) Signature of funeral director **J. P. Fendler Jr.**

(b) Address **7128 Michigan**

19. (a) **MAY 22 1940** (b) **J. P. Fendler Jr.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS**  
(d) Street No. **1820 Locust St.**  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20** year **1940** hour **4:30** minute **0** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic pyococcal infection**  
Due to **Chronic pyococcal infection**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations **131**

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature **Joseph M. Fendler Jr.** (M. D. or other) \_\_\_\_\_

Address **7128 Michigan** Date signed \_\_\_\_\_

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

MOTHER FATHER

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 *J. P. Funder Jr*  
Licensed Embalmer No. *925*  
P. O. Address *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.