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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Cq 0854

State File No. 8185

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 397

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 800
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6153 Gambelton Pl. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years. 1

3. (a) PRINT FULL NAME Margaret Stolle
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gustav C. Stolle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. (Month) 9 (Day) 1868 (Year)
8. AGE: Years 72 Months 11 Days 11 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Florence Buchholz
(b) Address 6153 Gambelton Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cem
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) FEB 20 1941 (Date received local registrar) (b) A. R. Mayo M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1941 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from January 8, 1941, to Feb. 20, 1941; that I last saw h. alive on Feb 19, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	2 Days
Due to: Post-operative	
Due to:	
Other conditions: Chronic myocarditis (Include pregnancy within 3 months of death)	
Major findings: Of operations: Fracture left hip	
Of autopsy: —	

PHYSICIAN — Underline the cause to which death should be charged statistically.

18 6a 18

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence About 6 weeks ago
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell on floor in home (Specify type of place)
While at work? no (e) Means of injury Fall
23. Signature H. R. Atherton (M. D. or other) MD.
Address 608 Ringland Date signed 2-20-41

(Licensed Embalmer's Statement on Reverse Side)

608 Kingsland
9 - 11 30 A.M.
1 - 4 30 P.M. A. Atherton

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.