. S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1944

Registration District No. 3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 19171

Registrar's No. 1072

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town RURAL: ST. FERDINAND TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 DAYS (Specify whether years, months or days)

In this community 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town ~~St. Louis~~ University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7370 Pershing Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DAVID STAHL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Fay Mehlinger

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 24 (Day) 1868 (Year)

8. AGE: Years 76 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation Traveling Salesman

11. Industry or business Retired

FATHER
12. Name Leopold Stahl
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Ernastine ~~Unknown~~
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Leon Schwartzman
(b) Address 7370 Pershing Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) MAY 11 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 9th year 1944 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from MAY 1, 1944, to MAY 9, 1944 that I last saw him alive on MAY 9, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	3 days
Due to: Coronary Sclerosis	
Due to:	
Other conditions: Arteriosclerosis, General (Include pregnancy within 3 months of death)	2 years

Major findings:
Of operations none
Of autopsy none 9 PM

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

23. Signature Selig Simon (M. D. or other)
Address JEWISH SANATORIUM Date signed 5/9/44

(Licensed Embalmer's Statement on Reverse Side)

-171
/12/44

MAY 12 1944

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.....

Licensed Embalmer No.....3575.....

P. O. Address.....

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, fact should be so stated above.