S. No. 2
—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7069

FILED MAR 4 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1860

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")
(d) Street No. I45I Dodier St. 9
(If rural, give location) 26
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mathilda Stahl
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John H. Stahl
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Sept. 22nd, 1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 29 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Hosuewife
11. Industry or business
FATHER
12. Name Rudolph Seibel 4
13. Birthplace Germany 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Witte 11
15. Birthplace Germany 7 (City, town, or county) (State or foreign country)
16. (a) Informant John H. Stahl
(b) Address I45I Dodier St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23rd, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kraeger-Voss, Inc.
(b) Address 3402 N. Kingshighway
19. (a) FEB 24 1948 (Date received local registrar) (b) J. F. Brehek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 20th, day 1948
year hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug, 1947, to 20 Feb, 1948
that I last saw her alive on 19 Feb, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma uterus	1 yr?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0

23. Signature H. R. Eckerhoff (M. D. or other)
Address 634 N. Grand Date signed 21 Feb 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1860

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 G W Wilkinson

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.