MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16105

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 1911) Sullivan Ave St. ..... Ward)

File No. ..... Registered No. 4137

2. FULL NAME Charles Stodieck

(a) Residence. No. 1911 (Usual place of abode) Sullivan St., No Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ the late Katherine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 1838

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	90	9	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Sta. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Charles Stodieck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mr Louis Felter
(Address) 1911 Sullivan Ave

15. FILED APR -8 1929 Mary C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 6th 1929.

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1928, to Apr. 6th, 1929, that I last saw h— alive on Apr. 16th 1929, and that death occurred, on the date stated above, at 9.45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral haemorrhage
93C
82A
97 (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chronic endocarditis
Arteriosclerosis (duration) 4 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 900

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? ..... DATE OF ✓

WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) Walter H. Pollmann, M. D.

Apr. 6, 1929 (Address) 2002 St Louis Av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Johns Cemetery

DATE OF BURIAL 4-8 1929

20. UNDERTAKER Wm. Leidner Monty

ADDRESS 1417 N Market St

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.

THIS IS A PERMANENT RECORD

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