JUN 4 1928

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

Do not use this space.

File No. 14736 45

Registered No.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160

Township Central — Primary Registration District No. 4470

City University City (No. 925, West Gate St., Ward)

2. FULL NAME John Stuckes

(a) Residence, No. 925 West Gate St., Ward.
(Usual place of abode) (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.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary C Stuckes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 1847

7. AGE: Years 80 — Months 10 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Candy Mfg
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Fred Sweitzer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

PARENTS

10. NAME OF FATHER: John Stuckes

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

12. MAIDEN NAME OF MOTHER: N. K

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N. K

14. INFORMANT: Mary C Stuckes
(Address) 925 West Gate

15. FILED 4-16 1928 Lillian Bruno REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1926, to ....1928, that I last saw him alive on April 12, 1928, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arterio-sclerosis; general

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No — DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Alfred Feldman M. D.
4/16, 1928 (Address) Beaumont Bldg.

*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: Memorial Park — DATE OF BURIAL 4/17 1928

20. UNDERTAKER: Cuddon & Kelly — ADDRESS W. 5 24 Sent