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

Do not use this space. 6

4879 H

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1581

City St Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Tillie Stulken

(a) Residence. No. 4884 Cartera St., 7 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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 Herman Stulken

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	11	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(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) Ill

PARENTS

10. NAME OF FATHER William Henschen

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

12. MAIDEN NAME OF MOTHER Louise Epting

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

14. INFORMANT Herman Stulken
(Address) 4884 Cartera Ave

15. DEC 2 1929 FILED ..... 19..... Harry C. Stuever REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929, to Jan 31, 1929, that I last saw he alive on Jan 31, 1929, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolism
Benign Tumor of the Uterus
54H
55E
82B
(duration) — yrs. — mos. 1/2 ds.

CONTRIBUTORY (SECONDARY) Operation for Abdominal
(duration) — yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 28-29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Clinical
(Signed) Earl M. Gordon M. D.
Feb. 2, 1929 (Address) 35-35-N. Kingshighway

*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 New Pickens Cemetery — DATE OF BURIAL Feb 2, 1929

20. UNDERTAKER Liechmann Haral — ADDRESS 1905 Union

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.

235 2 10 2

Central Nat Bank Bldg
11 - 2
3535 N Newark
4 - 5
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