

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

Do not use this space.

10247

**1. PLACE OF DEATH**

County..... Registration District No. 781  
 Township..... Primary Registration District No. 7003  
 City St. Louis (No. 4373, Holly Hills Bld.) Registered No. 2266  
 (Ward).....

**2. FULL NAME**

(a) Residence, No. 4373 Holly Hills Bld. 28 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luella Stukenberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 1877

7. AGE YEARS 55 MONTHS 1 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Accountant

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME John H. Stukenberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

MOTHER 15. MAIDEN NAME Marie Ehrhardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Walter H. Thielsche  
1011 East Pershing

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill Cem. DATE 3-10-32

19. UNDERTAKER (ADDRESS) Witt Bros. & Co.  
2672 St. Albans

20. FILED 47-09-19 Walter Ehrhardt Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Mar 7, 1932

I last saw him alive on Mar 7, 1932 Death is said to have occurred on the date stated above, at 4:00 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary artery of the stomach  
Ule B  
 Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....

(Signed) R. H. Salomon, M. D.  
 (Address) 728 W. 13th St.

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

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.

