

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

Do not use this space.

17268

1. PLACE OF DEATH

96 County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City JENNINGS MO. (No. 2200 LESLIE AVENUE. St. _____ Ward _____)

2. FULL NAME. MARI^A A. STUCKMAN.

(a) Residence, No. 2200 LESLIE AVE. JENNINGS. 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) WIDOWED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES H. STUCKMAN SR.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/2/1843.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 3 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETIRED.
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) GERMANY.

13. NAME SCHWARTZ.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

15. MAIDEN NAME NOT KNOWN.

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

17. INFORMANT (ADDRESS) 2200 LESLIE AVE, JENNINGS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETERS. DATE 5/6/32 19.

19. UNDERTAKER (ADDRESS) Probst Und. Co. 3710 N. GRAND BLV'D.

20. FILED May 9th 1932 Edmond J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 3/32 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932, to May 3, 1932
I last saw him alive on May 2, 1932. Death is said to have occurred on the date stated above, at 2-15 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Essence Arterio Sclerosis
93c
92c
91c
Other contributory causes of importance:
Arterio Sclerotic Degener
Right foot Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1932
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. (1)
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) F. J. Williams, M. D.
(Address) 8321 No Broadway

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.

MAY 28 1932

22. Williams
Dr. H. Williams

