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.

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

Do not use this space.

40076

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1 5084
Township Kaw — Primary Registration District No. 1008 — Registered No.
City Kansas City (No. 3524 S, Benton St. Ward)

2. FULL NAME Gustave H. Stukenberg
(a) Residence, No. 3524 S. Benton St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1875

7. AGE: 57 YEARS — MONTHS: 7 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jenkins Music Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 209
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 1

FATHER
13. NAME Herman H. Stukenberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geramny 10

MOTHER
15. MAIDEN NAME Mina Dammeier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Jack R. Stukenberg
(ADDRESS) 3524 S, Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Menorial Park DATE Dec 30 1932

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED 12/30 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 32, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 4 PM 1932, to Dec 27th, 1932
I last saw him alive on Dec 27th, 1932 Death is said to have occurred on the date stated above, at 9 10 P m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 4 hours

94A 94A

Other contributory causes of importance:

None

Name of operation None Date of —
What test confirmed diagnosis? Examination Was there an autopsy? No

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) Geo F Hamel, M. D.
(Address) 900 Reatto Bldg