

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.

OCT 20 1933

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

Do not use this space.

29377

Robert Williams

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. 12437, Clay Ave) St. _____ Ward _____

File No. _____
Registered No. 690
St. _____ Ward _____

2. FULL NAME

Ma. Amelia Oberbeck Stucki
(a) Residence, No. 12437 Clay St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest Stucki

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 1 11

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) Germany

13. NAME Theodore Weirauch

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

15. MAIDEN NAME Catherine Krampe

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

17. INFORMANT Paul Oberbeck
(ADDRESS) 1418 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE Oct 1 1933

19. UNDERTAKER J. C. Thieme
(ADDRESS) Springfield

20. FILED 10-1 1933 Ralph Williams
Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1933

22. I HEREBY CERTIFY That I attended deceased from April 21 33, to Sept 29 33
I last saw her alive on Sept 24 1933 Death is said to have occurred on the date stated above, at 4:35 p.m.

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

Valvular Heart Disease
AAA
Q
Date of onset that
ago

Other contributory causes of importance _____

Name of operation None 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 None
Nature of injury _____

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

(Signed) Richard J. Williams, M. D.
(Address) Springfield

FEB 18 1948