

AUG 18 1936

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

Do not use this space.

25055

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City. *St. Louis, Mo.*(No. *St. John Hospital*)

File No.....

Registered No. **6856**

St. \_\_\_\_\_ Ward)

## 2. FULL NAME

*Dorothy Stueckenschneider*

(a) Residence, No. \_\_\_\_\_

St. *7R*

Ward. \_\_\_\_\_

*Union, Mo.*

(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*Leo Stueckenschneider*

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

*Aug 10 - 1906*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.*29**10**17*

OCCUPATION

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

*House wife*

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)  
(STATE OR COUNTRY)*Beauford Mo.*

13. NAME

*John Gehler*14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)*Beauford Mo.*

15. MAIDEN NAME

*Lulu Mead*16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)*Union Mo.*

17. INFORMANT

*Leo Stueckenschneider*

(ADDRESS)

*Union, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

*Union Mo.*

DATE

*June 27, 1936*

19. UNDERTAKER

*Union, Mo.*

(ADDRESS)

JUL 7 1936

1936

20. FILER

*J. T. Bredeck*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

*June 27, 1936*

22. I HEREBY CERTIFY, That I attended deceased from

*6/27/36*, 19, to *6/27/36*, 19.I last saw him alive on *6/27/36*, 19.Death is said to have occurred on the date stated above, at *10:30 A.M.*

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

*Cerebral hemorrhage (autochthonous)*

Date of onset

*6/27/36*

Other contributory causes of importance:

*no found*

Name of operation.....

What test confirmed diagnosis? *special path* Date of \_\_\_\_\_ 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? *no history injury*

(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? *no*

If so, specify \_\_\_\_\_

(Signed)

*W. P. Pack*, M. D.

(Address)

*Beauford Mo.*

Hickler father

Dr. Faulk

6856  
9589