

AUG 18 1936

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

Do not use this space.

28545

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **3601 N. Florissant Ave.** St. **20** Ward)

File No.....
Registered No. **7310**
St. **20** Ward

2. FULL NAME **Mr. Fred Stuewe**

(a) Residence, No. **3601 N. Florissant St.** **20** Ward. (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 **Male** 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 **Lulu Stuewe**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 29th 1888**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
47 10 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
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) **St. Louis, Mo.**

FATHER 13. NAME **William Stuewe**

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

MOTHER 15. MAIDEN NAME **Emma Menke**

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

17. INFORMANT **Mrs. Lulu Stuewe**
(ADDRESS) **3601 N. Florissant Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Johns Cem** DATE **July 17, 1936**

19. UNDERTAKER **Henry Lechner, U. S.**
(ADDRESS) **1417 N. Market St.**

20. FILED **Jul 16 1936**
J. F. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14th 1936**

22. I HEREBY CERTIFY, That I attended deceased from **July 14th - 1936 to July 14th - 1936**
I last saw him alive on **July 14th - 1936** Death is said to have occurred on the date stated above, at **1:30 p. m.**

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

Other contributory causes of importance:
**Paralysis agitans
Progressive muscular atrophy**

Date of onset **1 day**
15 years

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) **Arthur Sunders** M. D.
(Address) **2102 University St.**

SUPPLEMENTARY

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No., St. Ward)

File No.....
Registered No. **7310**

2. FULL NAME **Mr. Fred John Stuewe**

(a) Residence, No. St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		

OCCUPATION

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

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).....
Total time (years) spent in this occupation.....

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED **4/16** 19 **27** *J. F. Predest*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14, 1936**

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on....., 19...... Death is said

to have occurred on the date stated above, at.....

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

Date of onset

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)....., M. D.

(Address).....

State of Missouri)
(SS.
City of St. Louis)

The undersigned, Louise Stuewe, residing at 3601 N. Florissant Avenue in the City of St. Louis and State of Missouri, being of lawful age on her oath states that she is the widow of the late Fred Stuewe who died on July 14th, 1936 in the City of St. Louis, Missouri, and that said Fred Stuewe deceased was one and the same person as Fred John Stuewe and Fred J. Stuewe and that his death was recorded as Fred Stuewe and the certificate sets forth his name in like manner.

Louise Stuewe

Subscribed and sworn to before me a notary public in and for the City of St. Louis, Missouri, this 15th day of April, 1937.

Wagel H. H. H.
Notary Public.

My term expires Aug. 2nd, 1940.