

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20036

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **De Paul Hospital**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **5175**2. PRINT FULL NAME **Rosa Stuessie,**

(a) Residence, No. **5505 Plover Ave.,** St. **7**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Henry Stuessie,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1875		
7. AGE	YEARS 63	MONTHS 0
	DAYS 13	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework	
	9. Industry or business in which work was done, as 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) Germany		
FATHER	13. NAME Gottlieb Ketterer	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Rosa Brewer	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT (ADDRESS) Mr. Henry Stuessie 5505 Plover Ave.,		
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem.	DATE June 8th 38	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner U. Co. 1417 N. Market Street.		
20. FILED JUN 6 1938	J. B. Brudick Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 5, 1938**22. I HEREBY CERTIFY, that I attended deceased from **5-21, 1938, to 6-5, 1938**I last saw her alive on **6-5, 1938**. Death is said to have occurred on the date stated above, at **12:30 PM**

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

Cerebral apoplexy

Date of onset

Other contributory causes of importance:

Name of operation **none** Date of.....What test confirmed diagnosis? **Post** Was there an autopsy? **yes**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? **no**If so, specify **Cerebral apoplexy**(Signed) **C. W. Schumaker**, M. D.(Address) **4981 Thrush**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed: *John P. Buchholz*
Licensed Embalmer No. *16740*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.