

NOV 15 1938

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

35166
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 8
(b) Township St. Joseph Primary Registration District No. 2001 Registered No. 1062
(c) City St. Joseph (d) Street No. Mercy Hospital St.
(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 3 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Frederick Stuecklin

(a) Residence, No. R.R. #5, St. Joseph, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 13, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 1 12

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

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) Elizabeth (STATE OR COUNTRY) New Jersey

13. NAME George F. Stuecklin

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

15. MAIDEN NAME Catherine

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

17. INFORMANT Mrs. V. C. Enke (ADDRESS) R.R. #5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem DATE 10/27 1938

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer (ADDRESS) 1302 Faraon Street.

20. FILED Oct 27 1938 A. J. Mettler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1938, to 10-25, 1938

I last saw him alive on 10-25, 1938 Death is said

to have occurred on the date stated above, at 5:45P. m.

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

Acute Pericarditis

Date of onset 10-24-38

Other contributory causes of importance: Intestinal Obstruction
Chronic Interstitial Nephritis

Name of operation none Date of none
What test confirmed diagnosis? Lab. 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? no

If so, specify Acute Pericarditis M. D.

(Signed) A. J. Mettler (Address) 823 Faraon St. St. Joe, Mo.

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.

3331

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, Wilbur H. Kelly

or by _____

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

Signed _____

W. H. Kelly

Licensed Embalmer No. 3946

P. O. Address 1302 Faraon St. St. Jos.

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

35-166
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St Joseph (d) Street No. St.
(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.

2. PRINT FULL NAME William F Strecklin

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(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.
63 1 12

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 19..... to....., 19.....

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

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

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

acute Pericarditis Date of onset
Chc Interstitial nephritis
131

Other contributory causes of importance:
Intestinal Obstruction
Caused by grape seeds
and fecal accumulation

Name of operation none Date of

What test confirmed diagnosis? 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) Wm P. Long, M. D.

(Address) St Joseph Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

SUPPLEMENT

