REC'D JUL 24 1939

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

22750
Do not use this space.

1. PLACE OF DEATH
(a) County Montgomery. 2 Registration District No. 590
(b) Township Loutre. 1 Primary Registration District No. 5788a Registered No.
(c) City ~~Big Spring,~~ Mo. (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 325 Charles Stuecken.
(a) Residence, No. Big Spring, Mo. St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25th 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
57	10	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Big Spring, Mo. Montgomery Co. 0

FATHER
13. NAME Wm Stuecken. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holstin, Warren Co, Mo. 0

MOTHER
15. MAIDEN NAME Emma Koch.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Mrs W. J. Coffey 68 Montclair Ave Newark N.J.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Spring, Mo. DATE July 13th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barton Baker, Americus, Mo.

20. FILED July 15 1939 Blanche Scholten Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 18 1939 to July 11 1939
I last saw him alive on July 10 1939 Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1938

46

Other contributory causes of importance:

Name of operation 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? No
If so, specify
(Signed) J. Wessling, M. D.
(Address) Hermann Mo 520

(Licensed Embalmer's Statement on Reverse Side)

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.

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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, ...

Barton Baker, ..., or by .....,

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

Signed Barton Baker

Licensed Embalmer No. 2438

P. O. Address Americus Mo.

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.