REC'D SEP 30 1939

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

32735
Do not use this space.

1. PLACE OF DEATH
50 (a) County Jefferson 2 Registration District No. 425
(b) Township Meramec 1 Primary Registration District No. 5580 Registered No. 12-41
(c) City ..... (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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HERMAN STUCKWISH
(a) Residence, No. High Ridge Jefferson Co 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 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 WILHELMINA STULKEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-10-1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
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) ST LOUIS Mo

FATHER
13. NAME FREDERICK STUCKWISH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HANOVER GERMANY

MOTHER
15. MAIDEN NAME — Mrs FLEMING
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PRUSSIA GERMANY

17. INFORMANT (ADDRESS) [signature] 511 So Geyer Rd - Kirkwood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St MARTIN'S CEM PITTMER MO DATE Sept 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) [signature] House Springs Mo

20. FILED 23 Sept 1939 James Downs Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from By holding Inquest Sept 22, 1939
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Verdict of Jury was: Deceased came to his death by committing suicide by shooting himself in the head with a 22 calibre rifle

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

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23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Sept 22, 1939
Where did injury occur? High Ridge, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury Suicide
Nature of injury Shot in head

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Frank Frazier, Coroner M.D.
(Address) Festus, Mo.

(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, ...

....., or by .....,

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

Signed. John H. Brunner

Licensed Embalmer No. 1470.

P. O. Address Hense Springs

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.