

REG NOV 13 1939 **791**  
Registration District No. **1002**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **2**  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1932 Palm Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **1**  
(c) City or town **St. Louis** **26**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1932 Palm Street**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **August Fred Stuewe**  
(b) If veteran, name war **XX**  
(c) Social Security No. **702-05-1311**  
4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Rose Stuewe**  
6. (c) Age of husband or wife if alive **52** years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **8th** year **1939** hour **11:25 A.** Minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Sept 3** 19**39**, to **Oct 8** 19**39**; that I last saw him alive on **October 8** 19**39** and that death occurred on the date and hour stated above.

7. Birth date of deceased **8** **19** **1881**  
(Month) (Day) (Year)  
8. AGE: Years **58** Months **1** Days **19** If less than one day hr. \_\_\_\_\_ min.

Immediate cause of death **metastatic carcinoma 2 yrs**  
Due to **carcinoma rectum 2 yrs**

9. Birthplace **St. Louis** **Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Railroad Clerk**  
11. Industry or business **Wabash Railroad**  
12. Name **Henry August Stuewe**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **CARRIE BOHN**  
15. Birthplace **St. Louis** **Missouri**  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) **H/O**  
Major findings: Of operations **operated Sept 29, 1939**  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **Mrs Rose Stuewe**  
(b) Address **1932 Palm st.**  
17. (a) **Burial** (b) Date thereof **10-11-1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. John's Ev. Cemetery**  
18. (a) Signature of funeral director **Truth Center Mortuary**  
(b) Address **4024 Lindell Blvd.**  
19. (a) **OCT 10 1939** (b) **J. F. Budick**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work (Specify type of place) (e) Means of injury **1 M. D.**  
23. Signature **Arthur S. ...** (M. D. or other)  
Address **2202 University** Date signed **10/10/39**

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.

**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 *Jack W. Tubers*

Licensed Embalmer No. *4110*

P. O. Address. *4024 Wendell St. da*

**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.**