

FILED JUN 10 1940

Registration District No. 784 Primary Registration District No. 200

96

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County St. Louis County  
 (b) City or town Jennings  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2121 Leslie  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Jennings  
(If outside city or town limit, write "RURAL")  
 (d) Street No. 2121 Leslie  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** John A. Stutt 3rd  
 (b) If veteran, name war No (c) Social Security No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month May 4 day May 1940  
 year \_\_\_\_\_ hour 11.45 minute P M.

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced.** Married  
**6. (b) Name of husband or wife.** Mary T. Girse  
**6. (c) Age of husband or wife if alive.** 75 years  
**7. Birth date of deceased.** January 8, 1863  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** Jan. 15. - 1939  
19 to May 4. - 40 1940;  
 that I last saw him alive on May 4. 1940;  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 77 Months 3 Days 26 If less than one day \_\_\_\_\_  
 hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage 1 day  
 Due to Hypertension 2 Yrs

**9. Birthplace** St. Louis MO  
(City, town, or county) (State or foreign country)

Due to Pulmonary Oedema 1 day  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**10. Usual occupation** Retired Cooper

Major findings: Heart  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**MOTHER FATHER**  
**11. Industry or business** \_\_\_\_\_  
**12. Name** Henry Stutt  
**13. Birthplace** Germany  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Unknown  
**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**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) (a) Means of injury

**16. (a) Informant** Mary Stutt  
**(b) Address** 2121 Leslie

**23. Signature** Fred H. King M.D. (M. D. or other) \_\_\_\_\_  
**Address** 2249 St. Louis ave St. Louis Mo  
**Date signed** 5/6.40

**17. (a) Burial** (b) Date thereof May 8 '40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cem.  
**18. (a) Signature of funeral director** W. Florissig Ind. Co.  
**(b) Address** 4746 W. Florissant Ave.  
**19. (a) MAY 6, 1940** (b) \_\_\_\_\_  
(Date received local registration) (Registrar's signature)

2249 S.H.J.

**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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.**