

Registration District No. **7911** Primary Registration District No. **1003**

FILED DEC 21 1940

1. PLACE OF DEATH:
(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
STONE NURSING HOME
(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

3. (a) PRINT FULL NAME **JOHN STUHLER**
8. (b) If veteran, name war **NO** 8. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWER**
6. (b) Name of husband or wife **CHRISTIANA** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **MAY 21 1861**
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

10. Usual occupation **BUTCHER**

11. Industry or business **RETIRED**

MOTHER FATHER
12. Name **JOHN STUHLER**
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)

16. (a) Informant **Christine Stuhler**
(b) Address **6933 Vermont**

17. (a) **CREMATION** (b) Date thereof **Nov 21-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **VALHALLA CREMATORY**

18. (a) Signature of funeral director **J. B. Smith**
(b) Address **7128 Michigan**

19. (a) **NOV 19 1940** (b) **J. B. Smith**
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County _____
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **6933 VERMONT**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **19**
year **1940** hour **2** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Nov 15 1940** to **Nov 19 1940**
that I last saw him alive on **Nov 17-40** and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebrovascular disease**

Due to **Contrib: Chronic Myeloid Leukemia**

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations _____
Of autopsy **None**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 _____

23. Signature **John Smith** (M. D. or other) _____
Address **6222 West** Date signed **11/19/40**

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

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

Joseph P. Fendler, Jr.

Licensed Embalmer No. 925

P. O. Address St. Louis

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.