

FILED JUN 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **16593**
Registrar's No. **4111/1/2**

Registration District No. **791**

Primary Registration District No. **1003**

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:
St. Louis City Hospital
(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 Mary Stuckenbrock

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Willy Stuckenbrock 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 29 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Joe Grieshaber

13. Birthplace Unonwon 7
(City, town, or county) (State or foreign country)

14. Maiden name Louise Hagemueller
15. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alvin Smeek

(b) Address 6702 Minnesota Ave.
Burial (b) Date thereof May 19, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cem

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7814 S. Broadway

19. (a) MAY 16 1941 (b) J. H. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")
(d) Street No. 6702 Minnesota 9
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1941 hour 9 minute 4 M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
1st of 2nd grad Degree Burns of
Entire Body When burned
upon a castling which was
being used to clean well springs
Exploded. Some being caused
by burning oil heater stove
that was home
Other conditions
(Include pregnancy within 3 months of death)
6702 Minnesota Ave

Duration

Major findings:
Of operations 3/20/41 about 10:00 P.

Of autopsy _____

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) Accidents
(b) Date of occurrence 3/20/41 000
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Home

While at work _____ (Specify type of place)
_____ Means of injury _____

23. Signature W. H. Perry (M. D. or other) 5
Address St. Louis Date signed 5/16/41

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

00
22

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 739 Fenway

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.