

MAILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26272

Registration District No. 75

Primary Registration District No. 260

Registrar's No. 1418

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellerston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 3 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME MARY C. Stuckes

8. (b) If veteran, name war
8. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV 16 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 18 If less than one day hr. min.

9. Birthplace CHICAGO ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

MOTHER FATHER { 12. Name PHILLIP CANILL
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name MARY NAHOP
15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretta Robin
(b) Address 1552 VALLE

17. (a) BURIAL (b) Date thereof JULY 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Cullen Kelly
(b) Address 1416 N. Taylor

19. (a) JUL 5 1941 (b) [Signature]
(Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis 96
(c) City or town Wellerston
(If outside city or town limits, write "RURAL")
(d) Street No. 1552 VALLE
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1941 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from July 2, 1941, to July 4, 1941, that I last saw her alive on July 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to

Due to 10/7/41

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations

Of autopsy

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 [Signature] M. D. or other
Address 6700 Easton Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26
00

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

Robert McNeary

Licensed Embalmer No. 3732

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.