V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23159

Registrar's No. 6596

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

283
100
17
9

**1. PLACE OF DEATH:**

(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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 96

(a) State Missouri (b) County St Louis

(c) City or town Ferguson 2
(If outside city or town limits, write "RURAL")

(d) Street No. 302 St. Louis Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Earl Robert Stulce

3. (b) If veteran, name war

3. (c) Social Security No. 497-07-7868

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Bernice Stulce

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

7. Birth date of deceased February (Month) 8 (Day) 1913 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 29 | 5 | 26 | hr. min. |

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

10. Usual occupation Supervisor

11. Industry or business Curtiss-Wright Co.

FATHER
12. Name Pearl Anderson Stulce
13. Birthplace Steelville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ruth Smith
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Ruth Stulce (Mother)
(b) Address 302 St. Louis Ave. Ferguson, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 No. Kingshighway

19. (a) AUG 5 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 3
year 1942 hour 11.15 minute a M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture 2nd 3rd Cervical Vertebrae Lacertion of Spinal Cord When he Dived into Shallow water in the Mermac River at Valley Park Missouri and Struck his head on the Bottom of the River Aug 2-1942

Due to

Other conditions
(Include pregnancy within 3 months of death)
Exact time unknown

Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence 8/2/42 046
(c) Where did injury occur? Valley Park Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Hospital Corona Date signed 8/5/42

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No.....

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.**