S. No. 2
M—5-42
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32481

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8411

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

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: 5231 Blow Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 02
(If outside city or town limits, write "RURAL")
(d) Street No. 5231 Blow
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louise Stuckmeyer
3. (b) If veteran, name war
3. (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 Louis Stuckmeyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 25, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	7	13	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Bucholz
13. Birthplace Not known (City, town, or county) Germany 4 (State or foreign country)
MOTHER 14. Maiden name Not known
15. Birthplace Not known (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Gustave Stuckmeyer
(b) Address 4360 Seibert Aveue
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery
18. (a) Signature of funeral director John Zugenhein & Son
(b) Address 7027 Gravois
19. (a) OCT 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th year 1942 hour minute 2:30 A.M.
21. I hereby certify that I attended the deceased from Aug 5, 1935 to Oct 8, 1942 that I last saw he alive on Oct 5th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Interstit. Nephritis	7 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature Edward Youngman (M. D. or other)
Address 4602 Gravois Date signed 10/8/42

(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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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, fact should be so stated above.