

S. No. 2
OM-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30441**

REGISTRATION DISTRICT NO. **18**

Primary Registration District No. **1002**

Registrar's No. **7952**

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:
Mo Baptist 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3941 Greer Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Stuhlman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 2 1943
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|----------|----------|----------|----------------------|
| <u>0</u> | <u>0</u> | <u>3</u> | hr. _____ min. |

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name William F. Stuhlman

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

14. Maiden name Mathilda Kempf

15. Birthplace Manchester Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William F. Stuhlman

(b) Address 3941 Greer Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 9/6/1943
(Month) (Day) (Year)

(c) Place; burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) SEP 6 1943
(Date received local registrar)

(b) J. F. Bredesch
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1943 hour 5 minute 45 PM

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 _____

Patent Ovals

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature Thomas J. Callahan (M. D. or other)
Address Deputy Coroner Date signed 9-6-43

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 *Fred Truck*.....

Not Embalmed

Licensed Embalmer No. **3186**.....

P. O. Address **St. Louis, Mo.**.....

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.