

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

**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:  
Little Sisters of Poor 2200 Hebert  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 1/2 mo  
(Specify whether  
In this community 5 1/2 mo  
years, months or days)

**3. (a) PRINT FULL NAME** Louise Stuckey  
**3. (b) If veteran, name war** no  
**3. (c) Social Security No.** none

**4. Sex** Female **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Widowed  
**6. (b) Name of husband or wife** Charles **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** Jan 26 1873  
(Month) (Day) (Year)

**8. AGE:**  
Years 70 Months 11 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** Housework

**11. Industry or business** Self

**MOTHER FATHER**  
**12. Name** John Sakren  
**13. Birthplace** Unknown  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Carolyn Fitz  
**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Arthur Bane  
**(b) Address** St. Charles Mo

**17. (a)** Burial Removal **(b) Date thereof** 1-11-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** St. Charles Mo

**18. (a) Signature of funeral director** Hughman-Bane  
**(b) Address** St. Charles Mo

**19. (a)** JAN 11 1944 J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Charles NR  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month January day 10  
year 1944 hour 12:50 minute P M.

**21. I hereby certify that I attended the deceased from** December 5, 1943 to January 10, 1944  
that I last saw her alive on January 9, 1944  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Chronic Myocarditis **Duration** \_\_\_\_\_  
9/20

**Other conditions** Acute upper respiratory infection **3 days**  
(Include pregnancy within 3 months of death)

**Major findings:** None  
**Of operations:** None  
**Of autopsy:** None

**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) No  
(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? \_\_\_\_\_

**23. Signature** Arthur Bane (Specify type of place) \_\_\_\_\_  
**Address** 2301 Jackson St **Date signed** 1-10-44

FEB 16 1944

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 *Howard P. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.