

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

FILED MAR 20 1944

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Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ 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: 1237 Temple Pl  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County IRON

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

(d) Street No. \_\_\_\_\_ (If rural, give location) NR

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD-ANDREW-STULCE

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased APRIL 30 - 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Day	If less than one day
<u>77</u>	<u>10</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace BRISTOL - TENN  
(City, town, or county) (State or foreign country)

10. Usual occupation STONE-MASON

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name CHARLES-STULCE

13. Birthplace UNKNOWN UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name MARGARETE-GORMAN

15. Birthplace UNKNOWN TENN  
(City, town, or county) (State or foreign country)

16. (a) Informant MINNIE-BRADBERRY

(b) Address 1237-TEMPLE-PL

17. (a) Removal (b) Date thereof Mar 8 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial - Bourbon Mo

18. (a) Signature of funeral director E. C. Long

(b) Address Bourbon Mo

19. (a) MAR 7 1944 (b) J. F. Breda  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4<sup>th</sup>  
year 1944 hour 11 minute 8 P. M.

21. I hereby certify that I attended the deceased from Feb 13<sup>th</sup> 1944 to March 4<sup>th</sup> 1944  
that I last saw he alive on March 4<sup>th</sup> 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 years

Due to \_\_\_\_\_

Due to AS

Other conditions Arterio Sclerosis 10 years  
(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)

(e) Means of injury \_\_\_\_\_

23. Signature Rich Turner (M. D. or other) MD  
Address 1251 Blackstone St Iron Mo Date signed Mar 5-1944

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

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**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.....

*John Ketter*

Licensed Embalmer No. 3880

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, fact should be so stated above.**

1251 P. A. Ketter