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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2511A

FILED JUL 16 1945

State File No. 0

Registration District No. 817 Primary Registration District No. 1667 Registrar's No. 1750

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

1. PLACE OF DEATH:

(a) County St/. Louis

(b) City or town Manchester (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home & Sanatorium 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one Year (Specify whether

In this community 11 months 24 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Dittmer 0 (If outside city or town limits, write "RURAL")

(d) Street No. Jefferson County 0 (If rural, give location)

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

3. (a) PRINT FULL NAME John Henry Stulken

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Emelie Rohje

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

7. Birth date of deceased August 21, 1854 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	10	19	hr. min.

9. Birthplace Dittmer, Jefferson Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER

12. Name John Henry Julius Stulken

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Unknown

15. Birthplace Unknown 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Johanna Sale

(b) Address 4640 Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-1945 (Month) (Day) (Year)

(c) Place: burial or cremation St Martins Cem. Dittmer Mo

18. (a) Signature of funeral director John H Brummer

(b) Address House Springs Mo

19. (a) 7-12-45 (Date received local registrar) (b) R. C. McGovern M.D. (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10 year 1945 hour 2 minute P M.

21. I hereby certify that I attended the deceased from July 17, 1945, to July 10, 1945; that I last saw him alive on July 9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis, senility

Due to generalized arteriosclerosis

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

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)

(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

Signature A. L. Meehan M.D. (M. D. or other)

Address 3507 Potomac Date signed 7-11-45

(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 John H. Brammer

Licensed Embalmer No. 1470

P. O. Address House Springs 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.