S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29419

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8020

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: Alexian Brothers
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community

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. 3703 South Broadway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John H. Stuessel
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March (Month) 10 (Day) 1878 (Year)
8. AGE: Years 67 Months 6 Days 2 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
12. FATHER Name John H. Stuessel
13. FATHER Birthplace Germany (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Louise Obermoeller
15. MOTHER Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Anna Stuessel
(b) Address 3703 South Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. 15, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Walter Helderle
(b) Address 3634 Gravois Avenue
19. (a) SEP 14 1945 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1945 hour 7 minute 40 P.M.
21. I hereby certify that I attended the deceased from June 15 1945, to Sept. 12 1945, that I last saw him alive on Sept. 12 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	3 days
Due to Carcinoma Cystoscopy Bladder Prostate	Last 2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 82	
Major findings: Of operations	
Of autopsy Hypostatic Pneumonia	

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Alexian Bros. Hosp. Date signed 9-13-45

(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.....

Licensed Embalmer No.....

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.