S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43530

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11962

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

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: 6521 Minnesota Ave.
(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 Mo. (b) County 100

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6521 Minnesota Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rose Mary Stuppy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry J.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 14 1886
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	7	14	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Maune
13. Birthplace ------- Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Vogt
15. Birthplace ------- Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Stuppy
(b) Address 6521 Minnesota Ave.

17. (a) Burial (b) Date thereof 12/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation S.S. PETER & PAULS

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) DEC 30 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1947 hour 1.00 minute A. M.

21. I hereby certify that I attended the deceased from 1934, 19, to 12-28-'47, 19; that I last saw her alive on 12-2-'47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arteriosclerosis

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

94

Duration

PHYSICIAN

Underline the cause of 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

23. Signature D. W. Eades (M. D. or other)
Address 7602 S. Bwdy Date signed 12/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) D. W. Eades

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 George N. Archambault, Registered Apprentice No. XXXXXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.