U. S. No. 300
50M—10-47
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I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 7094

Registration District No. 318

Primary Registration District No.

Registrar's No. 2699

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: Missouri Pacific Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether)

In this community 7 days (years, months or days) Stuckey

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Illinois (b) County St. Clair 999

(c) City or town Dupo 11
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME James Frederick Stuckey

3. (b) If veteran, name war none

3. (c) Social Security No. 702-18-2689

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lora Smithson

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased September (Month) 10, (Day) 1875 (Year)

8. AGE: Years 72 | Months 5 | Days 19 | If less than one day ___ hr. ___ min.

9. Birthplace Wickliffe, Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Engineer-retired

11. Industry or business Missouri Pacific Railroad

FATHER
12. Name unknown Stuckey
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J F Stuckey
(b) Address Dupo Illinois

17. (a) Dupo, Illinois (b) Date thereof March 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dupo, Illinois

18. (a) Signature of funeral director Harold A Dashner
(b) Address Dupo, Illinois

19. (a) MAR 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 1948 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from 24 Feb, 1948, to 29 Feb 1948 19 ; that I last saw him alive on 29 Feb 1948, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death cerebral thrombosis — Duration 15 days

Due to Gen Arteriosclerosis — Years

Due to

Other conditions (Include pregnancy within 3 months of death) 83

Major findings:
Of operations

Of autopsy

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 0

23. Signature R B Harrison (M. D. or other)

Address 607 No. Grand Date signed 3-4

(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

Body not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Harold A Daslner

Licensed Embalmer No.

P. O. Address Dwyer Ill.

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.