No. 300
10.48

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

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40979

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ironton
c. LENGTH OF STAY (in this place): //
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): //

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Florissant
d. STREET ADDRESS (If rural, give location): Parker Road

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Henry
c. (Last): Stulken

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Oct. 10 1915
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months 1, Days 18; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver;
10b. KIND OF BUSINESS OR INDUSTRY: Blackmer & Post Pipe
11. BIRTHPLACE (State or foreign country): Co. St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Herman Stulken
13b. MOTHER'S MAIDEN NAME: Mathilda Henschen
14. NAME OF HUSBAND OR WIFE: #

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Herman Stulken, Box #179 Parker Rd.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION Florissant Mo.

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUICIDE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) DISCHARGING REVOLVER SHOT

DUE TO (c) THROUGH BRAIN — E97h X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): RURAL HOME
21c. (CITY, TOWN, OR TOWNSHIP): IRONTON (COUNTY): IRON (STATE): MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 12/3/1949 *19___, and that death occurred at* 10.45 *A.M., from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Howell (Degree or title): CORONER
23b. ADDRESS: IRONTON MO 219So. MAIN
23c. DATE SIGNED: 12-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-7-49
24c. NAME OF CEMETERY OR CREMATORY: New Picker Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Missouri

DATE REC'D BY LOCAL REG.: Dec. 8, 1949
REGISTRAR'S SIGNATURE: Mrs Avis Jones 178
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Drehmann-Harral Und. Co. 1905 Union Blvd. St. Louis Mo.
(Licensed Embalmer's Statement on Reverse Side) Lucil J. White

MAR 21 1950
DEC 16 1949
JAN 9 1950

RECEIVED 12-12-49
District Health Officer No. 4
District File Number 1249-1617
Date Filed

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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Carl J. White

Licensed Embalmer No. 3012

P. O. Address Junction, Kan.

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.