

S. No. 300  
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18999**

FILED JUN 2 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1327**

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <b>Sappington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <b>Sappington</b>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <b>8950 Pardee</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8950 Pardee</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>H</b> c. (Last) <b>Stuckmeyer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 24, 1950</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>	8. DATE OF BIRTH <b>Oct 10, 1871</b>	9. AGE (In years last birthday) <b>78</b> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St Louis, Mo.</b>	
				12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>Rudolph Stuckmeyer</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Kretchmar</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Walter Stuckmeyer</b> ADDRESS <b>8950 Pardee</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>1 1/2 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, bronchial hypertrophy 2 days</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease 4 yrs</b> DUE TO (c) _____		
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 <b>420.0</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Jan 1947** to **May 24, 1950**, that I last saw the deceased alive on **May 23, 1950**, and that death occurred at **5:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert W. Ticeborn M.D.</b> (Degree or title) _____	23b. ADDRESS <b>1602 Grand St. Louis 6 Mo</b>	23c. DATE SIGNED <b>5/24/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>5/27/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Affton, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-25-50</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Bomke, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ziegenhein &amp; Sons</b> ADDRESS <b>7027 Gravois</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed W. G. Peterson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address St. Louis 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.