

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37789

State File No. ....

|  |                               |  |  |   |   |   |  |
|--|-------------------------------|--|--|---|---|---|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>317</u>  |  | PRIMARY REG. DIST. NO. <u>544</u>   |   | Registrar's No. <u>2594</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u><br>b. COUNTY _____ |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>   |                               | c. LENGTH OF STAY (in this place) <u>6 Weeks</u>   |  | c. CITY OR TOWN <u>St. Louis</u>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peace Haven Nursing Home</u>  |                               |  |  | e. STREET ADDRESS (If rural, give location) <u>3448 Lawn Ave.</u>   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>ELSIE</u>  |                               |  | b. (Middle) _____  |   | c. (Last) <u>STUCKEL</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Oct. 3 1953</u>              |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>Sep. 5, 1902</u>                         |   | 9. AGE (in years last birthday) <u>51</u>                               | IF UNDER 1 YEAR<br>Months _____   | IF UNDER 24 HRS.<br>Days _____ Hours _____ Min. _____                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>Charles Hahn</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Meta Moeser</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Michael Stuckel</u>  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |                               | 16. SOCIAL SECURITY NO. <u>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Michael Stuckel 3448 Lawn Ave.</u>  |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.        |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural cause</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>1955 |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION   |  |   |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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)   |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 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 _____, 19____, and that death occurred at <u>8:30P</u> m., from the causes and on the date stated above. |                               |  |  |   |   |   |  |
| 23a. SIGNATURE <u>Herbert R. Domke</u> (Degree or title) <u>M.D. Local Registrar</u>   |                               |  |  | 23b. ADDRESS <u>651 S. Brentwood Blvd.</u>  |   | 23c. DATE SIGNED <u>10-7-53</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 24b. DATE <u>Oct. 7, 1953</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> |   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> |   |  |
| DATE REC'D BY LOCAL REG. <u>10/5/53</u>  |                               | REGISTRAR'S SIGNATURE <u>Herbert R. Domke</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Wriegshauser 4228 S. Kingshighway Bl.</u>  |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....  
Signature of Student Embalmer

Signed *John A. Korman*.....

Licensed Embalmer No. *45*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.