

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

24435

FILED AUG 2 - 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. **1003** Registrar's No. **5983**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>                                      |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis,</b>                       |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>De Paul Hospt.</b> |  | d. STREET ADDRESS (If rural, give location)<br><b>520 3519 a N. Jefferson</b>   |  |

|  |  |
|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Carl</b> b. (Middle) <b>Francis</b> c. (Last) <b>Stucke</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>7 9 55</b> |
|--|--|

|                 |                           |   |                                      |   |                        |                      |                       |                      |
|-----------------|---------------------------|---|--------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <b>M</b> | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Jan. 30 1922</b> | 9. AGE (In years last birthday) <b>33</b> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-----------------|---------------------------|---|--------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervisor</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Rexall Drug Co.</b> | 11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b> |
|---|--|---|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <b>Carl A. Stucke</b> | 13b. MOTHER'S MAIDEN NAME <b>Loretta Gerst</b> | 14. NAME OF HUSBAND OR WIFE <b>Alice M. Stucke</b> |
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|  |  |  |                                    |
|--|--|--|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> | 16. SOCIAL SECURITY NO. <b>491-14-8414</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Alice M. Stucke</b> | ADDRESS <b>3519 a N. Jefferson</b> |
|--|--|--|------------------------------------|

|   |   |  |   |
|---|---|--|---|
| 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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>9 mos.</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac insufficiency</b>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Rheumatic heart disease and</b><br>DUE TO (c) <b>Chronic cor pulmonale</b> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchietasis</b>  |   |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)<br><b>416x</b> |
|--|--|--|

|  |  |   |
|--|--|---|
| 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?<br><b>4.13</b> |
|--|--|---|

22. I hereby certify that I attended the deceased from **December 1954**, to **July 9, 1955**, that I last saw the deceased alive on **July 9, 1955**, and that death occurred at **6:00 p.m.** from the causes and on the date stated above.

|  |  |                                       |
|--|--|---------------------------------------|
| 23a. SIGNATURE <b>John L. Lantieri</b> (Degree or title) <b>M.A.</b> | 23b. ADDRESS <b>539 N. Grand Blvd.</b> | 23c. DATE SIGNED <b>July 11, 1955</b> |
|--|--|---------------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>7/12/55</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b> |
|---|--------------------------|--|---|

|   |   |   |                                   |
|---|---|---|-----------------------------------|
| DATE REC'D BY LOCAL REG. <b>JUL 11 1955</b> | REGISTRAR'S SIGNATURE <b>Carl Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert D. Kinealy</b> | ADDRESS <b>2228 St. Louis Ave</b> |
|---|---|---|-----------------------------------|

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 .....  
Student Embalmer

Signed

*Francis J. Wyland Jr*

Licensed Embalmer No. *4512*

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.