

STANDARD CERTIFICATE OF DEATH

38207
STATE FILE NUMBER
Registrar's No. 10543

FILED NOV 15 1957

Registration District No. 318 Primary Registration District No. 1003

S. 300
r. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4543 Ruskin Avenue		Length of stay in 1b 1 year		STREET ADDRESS (If outside, give location) 4543 Ruskin Avenue	
3. NAME OF DECEASED (Type or print) First William Middle H Last Stuckemeyer			4. DATE OF DEATH Month Nov Day 5 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 3 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refrig. Engineer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY United Drug Co		11. BIRTHPLACE (City and state or country) St. Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Christian Stuckemeyer		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Marietta Stuckemeyer (Deceased)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT Mrs. Marie Burke		Address 4543 Ruskin Avenue		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Larynx Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis (General) DUE TO (c) 64	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 161x			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Aug 15 1957 to Nov 5 1957 and last saw him alive on Nov 4 57 Death occurred at 7:50 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Francis Medler (Degree or title)		22b. ADDRESS 4117 W Florissant	
22c. DATE SIGNED 11/5/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 8 1957	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri		24. FUNERAL DIRECTOR Math Hermann & Son, Inc., ADDRESS 2161 E. Fair Av	
25. DATE REGD. BY LOCAL REG. NOV 6 57		26. REGISTRAR'S SIGNATURE J. Carl Smith			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Harold G. Burnley*
Licensed Embalmer No. *4202*
P. O. Address *Altoona, Pa.*

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.