

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027690
STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1852

S. 300
1-57

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ferguson 41090 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oak Knoll Nursing Home		Length of stay in 1b 16 Months	d. STREET ADDRESS (If outside, give location) #37 N. Clark Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Clara Stuckman			4. DATE OF DEATH Month Day Year July 11 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> (DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 3 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Exec. Private Secretary		10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone Co	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME ----- Stuckman		13b. MOTHER'S MAIDEN NAME Anna -----	14. NAME OF HUSBAND OR WIFE Never married
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. 488-10-4147A	17. INFORMANT Address Mrs. Gloria Gorman, St. Louis Park, Minnesota
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH abt. 2 weeks indefinite
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 3
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 June 6, 1955 to July 11, 1958 and last saw her alive on July 9, 1958 Death occurred at 5:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold R. Herford, M.D.		22b. ADDRESS 4110 West Florissant Ave, 15	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 14 1958	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. 7-13-58	
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 15 1958

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 *Clement M. Casey*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.