WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 4711a Pennsylvania St. ..... Ward)

File No. 29039

Registered No. 8545

2. FULL NAME Fred C. Stucke

(a) Residence. No. 4711a Pennsylvania St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 3 - 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	5	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bottler
(b) General nature of industry, business, or establishment in which employed (or employer) American Brewer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

PARENTS

10. NAME OF FATHER Chas H. Stucke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

12. MAIDEN NAME OF MOTHER Kate Kaemmer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT Clara Stucke
(Address) 4711a Pennsylvania

15. FILED AUG 23 1928 19.. Max C. Starkey REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-15, 1928, to 8-21, 1928 that I last saw him alive on 8-21, 1928, and that death occurred, on the date stated above, at 6:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Nephritis c̄ hypertension
131
102 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory - Eye grounds

(Signed) Julia T. Ely, M. D
8/22, 1928 (Address) 2532 S Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mo. Crematory	Aug 25 - 1928

20. UNDERTAKER	ADDRESS
Ziegenhein Bros. 2623	Cherokee St.