

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

Do not use this space.

18283

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1013
 City St. Louis Mo. (No. 6427) Manchester St. _____ Ward _____

File No. _____
 Registered No. 5264
 St. _____ Ward _____

2. FULL NAME

Leonard Stulce
 (a) Residence, No. 6427 Manchester, 4 Ward.

(Usual place of abode) _____ (If nonresident, give city or town and State) _____
 Length of residence in city or town where death occurred — yrs. — mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Stulce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-31-1968
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee Missouri

13. NAME John Stulce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2

15. MAIDEN NAME Mary Minell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Pearl Stulce (ADDRESS) 6427 Manchester Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ink, Mo. DATE 6-2, 1972

19. UNDERTAKER Kriegshauer and Co (ADDRESS) 4109 Manchester

20. FILED JUN - 1 1972 Max C. Staroboff Registrar

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31, 1972

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset 4/6/73
Hx 13

Other contributory causes of importance: (7)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) J. J. [Signature], M. D.

(Address) Coroner

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.

