

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

Do not use this space.

66 13 Illinois  
 Dr Reg MAY 31 1937

File No. **17645**  
 Registered No. **40**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 1160  
 10 Township Clayton Primary Registration District No. 4470  
 City University City (No. 1009-E-Park) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George Frank Stulce  
 (a) Residence, No. 1009 E Park St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Florence B. Stulce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
54 3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Water Co.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15 1937, to April 16 1937  
 I last saw him alive on April 16 1937. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Endocarditis  
Chronic Nephritis  
Chronic Lung

Other contributory causes of importance:  
Chronic Nephritis  
Chronic Lung

Date of onset: unknown  
unknown  
3-15-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James, Mo.

FATHER  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Florence B. Stulce  
1009-E-Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem DATE 4-18-1937

19. UNDERTAKER (ADDRESS) Baumgartner Bros Inc  
2804 Woodson Rd Oakland Mo

20. FILED Apr 17 1937 Rene V. Moller  
 Registrar

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Lab 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) John A. Rogers M. D.  
 (Address) 6643 Delmar St Kansas, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

