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.

REC'D MAR 13 1939

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

Do not use this space. 5147

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 1840
(c) City St. Louis (d) Street No. 7020 S. Grand ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willy H. Stukenbrock 325
(a) Residence, No. 7020 S. Grand ave. St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Mary
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 6, 1883
7. AGE: YEARS 56 MONTHS 1 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Layer Out
9. Industry or business in which work was done, as saw mill, bank, etc.: U. S. Engineering Dept.
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): Hamburg, Germany 6

FATHER
13. NAME: Unknown 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

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

17. INFORMANT (ADDRESS): Mary Stukenbrock 7020 S. Grand ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE New SS. Peter & Paul DATE Feb. 27, 1939
19. FUNERAL DIRECTOR (ADDRESS): C. Hoffmeister U.&L.Co. 7814 S. Broadway
20. FILED FEB 27 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 23 #, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 31 #, 1938, to Feb./23rd, 1939
I last saw him alive on Feb./23rd, 1939. Death is said to have occurred on the date stated above, at 8. 30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis. (From cold)	12/31 1938.

106a

Other contributory causes of importance:

Bronchial Asthma. 13

Name of operation — Date of —
What test confirmed diagnosis? albumen Was there an autopsy? —

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. W. Pruett, M. D.
(Address) 420 Wilmington Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Linda C. Hofmeister, Licensed Embalmer No. 3871

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Linda C. Hoffmeister

Licensed Embalmer No. 3871

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)