

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4598**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 28 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Minnie Stucke **320**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles Stucke 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased (Month) 2 (Day) 18 (Year) 1868

8. AGE: Years 72 Months 3 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name Unknown  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Stucke

(b) Address 2511 A Rauschenbach

17. (a) Burial (b) Date thereof 5-25-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Boulevard

19. (a) MAY 25 1940 (b) J. B. Buddsch  
(Date of death) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis **20**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2511 A Rauschenbach Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23, year 1940 hour 10:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 26, 1940 to May 23, 1940;

that I last saw her alive on May 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Abdominal tumor - type undetermined (?)  
Due to Carcinoma of cervix  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations HS

Of autopsy None obtained

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury !

23. Signature J. B. Buddsch (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette Date signed 5/24/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Howard G. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Athens, Mo*

**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 this body is not embalmed, above space should be left blank.**