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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECD FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 146

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 146

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Lukes Hospital. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 96

(c) City or town Kirkwood, N.R.S.
(If outside city or town limits, write "RURAL")

(d) Street No. 421 So. Seppington Rd. 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME DAVID BURFORD STUTSMAN.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male. C

5. Color or race White.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eleanor Stutsman.

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Nov. (Month) 5, (Day) 1895. (Year)

8. AGE: Years 45. Months 2. Days 1. If less than one day hr. min.

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

10. Usual occupation Physician... M.D.

11. Industry or business

FATHER
12. Name David B. Stutsman
13. Birthplace Goschen (City, town, or county) / Indiana (State or foreign country)

MOTHER
14. Maiden name Lucy Burford
15. Birthplace Marshfield (City, town, or county) O Missouri (State or foreign country)

16. (a) Informant Mrs Eleanor Stutsman.
(b) Address 421 So. Seppington.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 1/8/1941. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmer Bouleverd. 7149

19. (a) JAN 7 1941 (Date received local registrar) (b) J. F. Budech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan'y day 6th, year 1941 hour 11:25 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Thrombosis (Right Coronary Artery);	
Due to Arterio-Sclerosis of Coronary Arteries;	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Narrowing & sclerosis of entire rt. coronary artery c a fresh thrombosis occluding at Of autopsy angulations of the vessels

PHYSICIAN Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F Collens (M. D. or other)
Address Deputy Coroner Date signed 1/7/41

(Licensed Embalmer's Statement on Reverse Side)

2770 Washington
JE 1551

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 Bedford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis 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.