

FILED FEB 24 1942 91

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

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: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County **Appanoose**
(c) City or town **St. Centerville**
(If outside city or town limits, write "RURAL")
(d) Street No. **1014 Haynes Ave.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **2**
If yes, name country

3. (a) PRINT FULL NAME **James William Stuckey**
(b) If veteran, name war **No.** (c) Social Security **478-03-6482**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **3** year **1942** hour **7** minute **55 a.** M.

21. I hereby certify that I attended the deceased from **Dec. 27** 1941 to **Jan 3** 1942; that I last saw him alive on **Jan 3** 1942; and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Jan. 6** 1902 (Month) (Day) (Year)

Immediate cause of death **Cardiac failure** Duration

8. AGE: Years Months Days If less than one day
39 **11** **26** hr. min.

Due to **malignant hypertension** **10 mo.**
arteriosclerotic nephrosclerosis
Due to **uremia**

9. Birthplace **Centerville Iowa** (City, town, or county) (State or foreign country)
10. Usual occupation **Clerk**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name **Edward H. Stuckey**
13. Birthplace **Unionville Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Ellen Shafer**
15. Birthplace **Wayne Co. Iowa** (City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy **as above**

16. (a) Informant **Mrs. Edward Stuckey**
(b) Address **Centerville, Iowa.**
17. (a) **Removal** (b) Date thereof **1-4-42** (Month) (Day) (Year)
(c) Place: burial or cremation **Centerville, Ill.**

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 force)
While at work? (e) Means of injury

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**
19. (a) **JAN 4 1942** (Date received local registrar) (b) **J. F. Bredeek** (Registrar's signature)

23. Signature **Levellyn Sale** M. D. or other **no.**
Address **BARNES HOSPITAL** Date signed **1/3/42**

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

MOTHER FATHER

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

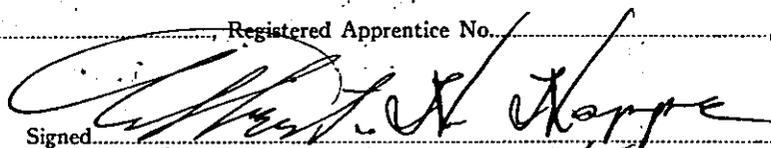
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....



..... Licensed Embalmer No. 1865

..... P.O. Address

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, fact should be so stated above.