

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 14 Days
In this community years, months or days

3. (a) PRINT FULL NAME Henry Stutte

3. (b) If veteran, name war No
3. (c) Social Security No No

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Augusta Stutte
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 7 1861

8. AGE: Years 80 Months 8 Days 24
If less than one day hr. min.

9. Birthplace Demos, Mo
Usual occupation Farmer

11. Industry or business Farm
12. Name Herman Stutte
13. Birthplace Germany
14. Maiden name Philippine Younger
15. Birthplace Germany

16. (a) Informant Aema Stutte
(b) Address 4507a Idaho ave
17. (a) (b) Date thereof April 2 1941
(c) Place: burial or cremation Pacific, Mo
18. (a) Signature of funeral director J. F. Bredeck
(b) Address Pacific, Mo
19. (a) MAR 31 1942 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Pacific, Mo
(d) Street No. NR
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31, year 1942 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from March 18, 1942 to March 31, 1942; that I last saw him alive on March 31, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hepatitis

Due to 131
Due to Prostatic Hypertrophy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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

23. Signature Res. W. W. W. (Specify type of place) (c) Means of injury
Address 1515 Lafayette Avenue Date signed 3/31/42

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

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9

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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.....

August Burns Jr......, Registered Apprentice No. *261*
working under my personal supervision.

Signed:

Jno. S. Fisher

Licensed Embalmer No. *3008*

P. O. Address. *Pacific, 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, fact should be so stated above.