

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

SEP 10, 1942 318

1003

7368

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 Days
(Specify whether
 In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County 176
 (c) City or town ST. LOUIS 926
(If outside city or town limits, write "RURAL")
 (d) Street No. 1711 A. MONROE STR.
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country NONE 0

3. (a) PRINT FULL NAME Aloysius James Stuve

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased SEPT. 9TH 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED CLERK

11. Industry or business BOLAND BOOK-STATIONARY

12. Name JOSEPH, STUVE

13. Birthplace PRUSIA 8
(City, town, or county) (State or foreign country)

14. Maiden name MARY KOZLOWSKI

15. Birthplace PRUSIA 8
(City, town, or county) (State or foreign country)

16. (a) Informant Stephen F. Stuve
 (b) Address 1711 A Monroe St.

17. (a) BURIAL (b) Date thereof SEP 3 = 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM. Brookland Blvd Co

18. (a) Signature of funeral director J. F. Prudeok
 (b) Address 1827 Hagan St.
 19. (a) SEP 2 1942 (b) J. F. Prudeok
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31, year 1942 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from August 11, 1942 to August 31, 1942;

that I last saw him in alive on August 31, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Lung abscess

Due to Non-tubercular

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Refused.

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) (Means of injury)

23. Signature D. M. Peteren (M, D, or other) 8/31/42
 Address 1515 Lafayette Avenue Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

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

working under my personal supervision.

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

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.