S. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942 318
Registration District No.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29217

Registrar's No. 8225

1. PLACE OF DEATH:
(a) County: St. Louis, Missouri
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15yrs. 14dys. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 13 9000 17 9 1
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 525 No. Spring Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John Stutte
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Florence Stutte
6. (c) Age of husband or wife if alive: ? years
7. Birth date of deceased: Oct. 31, 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	11	1	hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Dishwasher
11. Industry or business:
FATHER
12. Name: Herman Stutte
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Ellen Borner
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: L. Diggendy
(b) Address: 5400 Arsenal St.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 5/42. (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.,
18. (a) Signature of funeral director: Jos. W. Clark
(b) Address: 1125 Hodiamont Ave.,
19. (a) OCT 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1942 hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from 7-1-42, 19..., to 10-2-42, 19...; that I last saw him alive on 10-2-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Epilepsy 1927x — Duration
Due to: Generalized Arteriosclerosis 1927x
Due to:
Other conditions (Include pregnancy within 3 months of death): 97
Major findings:
Of operations:
Of autopsy: No

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: (Specify) (c) Means of injury
23. Signature: Gustave P. Smith (M. D. or other)
Address: 5400 Arsenal St. Date signed: 10/4/42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley

Licensed Embalmer No. H-202

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.