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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15567

State File No. 0

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 918

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Feb. 28, 1943 (Specify whether
In this community since 2/28/43
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 85

(a) State Missouri (b) County 0

(c) City or town Fort Leonard Wood 0
(If outside city or town limits, write "RURAL")

(d) Street No. 56 C Rolla
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Fount C. Stuck

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 500-07-0271

4. Sex male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Minnie

6. (c) Age ~~of husband~~ or wife if alive 42 years

7. Birth date of deceased October (Month) 13 (Day) 1892 (Year)

8. AGE: Years 50 Months 6 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Excello, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Oprtg. Engineer

11. Industry or business -

FATHER
12. Name Walter Stuck
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Josie Chandler
15. Birthplace Excello (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant M. Schulleg
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof April 16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director C. H. Hinrichs V. L. C.
(b) Address 7814 S. Broadway

19. (a) APR 17 1943 (Date received local registrar) (b) E. G. McGarvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th, year 1943 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from February 28, 1943 to April 15, 1943 that I last saw him alive on April 15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HEMORRHAGE, PULMONARY, ACUTE,	5 min.
Due to - Primary bronchogenic carcinoma of left lung with carcinomatous abscess.	5 months
Other conditions None. (Include pregnancy within 3 months of death)	

47c

Major findings:
Of operations Incision and drainage, perineal abscess, 3/12/43.
Of autopsy Autopsy performed. See cause of death.

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) no

(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 Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer Date signed 4/15/43

(Licensed Embalmer's Statement on Reverse Side)

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JUL 8 - 1943

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 Linus C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.