

Registration District No. **1003**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County City of St. Louis
(b) City or town _____
(c) Name of hospital or institution: 1808 South 8th St
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

8. (a) PRINT FULL NAME John George Stubenrouch

8. (b) If veteran, name war World War #1 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Barthold Stubenrouch 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February 20 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 3 14 hr. min.

9. Birthplace New York New York
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business _____

MOTHER { 12. Name John George Stubenrouch

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Augusta C Hedderick

15. Birthplace New York New York
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Stubenrouch

(b) Address 1808 South 8th St

17. (a) Burial (b) Date thereof June 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Reiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave

19. (a) JUN 7 1943 (b) J. Z. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1808 South 8th St (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1943 hour 1:45 minute P M.

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

Immediate cause of death Pulmonary Tuberculosis! Duration 3 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

While at work? (Specify type of place) (e) Means of Injury 3

23. Signature Leroy E. Allison, M.D. (M. D. or other)
Address 3610 So Broadway Date signed 6-3-43

JUN 17 1943

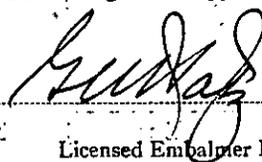
STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3737

P. O. Address. 1936 St. Louis

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, above space should be left blank.