

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32556

State File No.

Registrar's No. 2171

FILED SEP 25 1943 17

Primary Registration District No. 3066

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
632 S. Sappington Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jessie Mae Stulce

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced.....
0

6. (b) Name of husband or wife.....

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

7. Birth date of deceased July 12 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>2</u>	<u>7</u>	hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER {

12. Name Filmore Stulce

13. Birthplace St Louis 0 Mo
(City, town, or county) (State or foreign country)

14. Maiden name Esther Fredericks

15. Birthplace St Louis County 0
(City, town, or county) (State or foreign country)

16. (a) Informant Filmore Stulce

(b) Address 632 S. Sappington, Mo.

17. (a) Burial (b) Date thereof 9-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Lucas Cemetery

18. (a) Signature of funeral director Louis H. Boop, Inc.

(b) Address Kirkwood, Mo.

19. (a) SEP 21 1943 (b) J. M. Larson, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 632 S. Sappington Rd.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th
year 1943 hour..... minute 10:10 A.M.

21. I hereby certify that I attended the deceased from September 15th 1943 to September 19, 1943
that I last saw h. alive on September 16th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pneumonia
Duration 4 days

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

106a

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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?.....

While at work?.....
(Specify type of place)

(e) Means of injury.....

23. Signature Henry D. ... (M. D. or other) 0
Address 128 E. Adams Date signed Sept 20th

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 *John M. Meyer*
Licensed Embalmer No. *3285*
P. O. Address *Kirkwood, 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.