

FILED MAR 1 1944 18

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(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 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Lemay (St. Louis)
(If outside city or town limits, write "RURAL")

(d) Street No. 235 Darnest ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Stutko

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-10-6491

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Pauline Stutko 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb. 24 1889
1. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>11</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Painter

MOTHER FATHER

11. Industry or business _____

12. Name Paul Stutko

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

14. Maiden name Floespeck

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

16. (a) Informant Mrs Pauline Stutko

(b) Address 235 Darnest ave.

17. (a) Cremation (b) Date thereof 2-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mrs. Crematory

18. (a) Signature of funeral director John J. Ziegler & Sons
70272 St. Louis

(b) Address FEB 23 1944

19. (a) (Date received local registrar) J. T. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th year 1944 hour 5:30 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from Feb. 16th 1944, 19____, to Feb. 20th 1944 that I last saw h. in alive on Feb. 20th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration _____

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) _____

(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 L. Keyser (M.D. or other) _____
Address 1515 Lafayette Date signed 2/21/44

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address..... *7027 Gauss*

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.