

**FILED APR 17 1944**

Registration District No. \_\_\_\_\_

Primary Registration District No. **3020**

**1. PLACE OF DEATH:**

(a) County **FRANKLIN**  
(b) City or town **WASHINGTON**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**ST. FRANCIS HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 DAYS**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **GASCONADE**  
(c) City or town **ROSEBUD**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MABEL MARCELLA STULCE**

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married. **SINGLE**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased **MARCH 11 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**1 0 18** hr. min.

9. Birthplace **WASHINGTON MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **CHARLES STULCE**  
13. Birthplace **CANAAN MISSOURI**  
(City, town, or county) (State or foreign country)  
14. Maiden name **ALICE STOCKTON**  
15. Birthplace **ST. LOUIS MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **CHARLES STULCE**  
(b) Address **ROSEBUD MO.**

17. (a) **BURIAL** (b) Date thereof **7 1 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LIBERTY CEMETERY**

18. (a) Signature of funeral director **Millford H. H. Winter**

(b) Address **Quehville Mo.**

19. (a) **3/30/44** (b) **Luelle Reuther Brooks**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **29**  
year **1944** hour **6 PM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **March 26**  
19**44** to **March 29**, 19**44**  
that I last saw her alive on **March 29**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration \_\_\_\_\_

Due to **impardits**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **93rd**

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 **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **Washington Mo 65784** Date signed **4/1/44**

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

36  
6  
2

1181

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-44

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 me.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed Milford H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.