

FILED SEP 20 1944

State File No. ....

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8213

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:  
4485 Lee Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4485 Lee Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rosa V. Stull

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 Widowed  
6. (b) Name of husband or wife Charles P. Stull 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 26, 1873  
(Month) (Day) (Year)

8. AGE: Years 70, Months 10, Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Lawrence Raedle  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Lichtenberger  
15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Niedringhaus

(b) Address 4485 Lee

17. (a) Burial (b) Date thereof 9/26/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 26 10 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1944 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from August 11 1944 to Sept 23 1944 that I last saw her alive on 9-23-44 and that death occurred on the date and hour stated above.

Immediate cause of death pernicious Anemia

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

Other conditions Myocarditis chr  
(Include pregnancy within 3 months of death)

Major findings: Of operations no  
Of autopsy no

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)  
Means of injury \_\_\_\_\_

23. Signature James A. Forster M.D. or other \_\_\_\_\_  
Address 3903 Olive Date signed 9-23-44

844

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**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 *Thomas Eyrick*.....

Licensed Embalmer No. 1284.....

P. O. Address St. Louis, 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.**