

FILED OCT 23 1948

Registration District No.

Primary-Registration District No.

Registrar's No. **8872**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7106 Sharp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community **life**
 years, months or days) (Specify whether

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. **7106 Sharp Ave.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Ida L. Stuckmeyer**

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 **married**
 6. (b) Name of husband or wife **William H.**
 6. (c) Age of husband or wife if alive **77** years
 7. Birth date of deceased **Feb. 5 1875**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 8 5 hr. min.

9. Birthplace **St. Louis Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business.....

12. Name **Carl H. Kretzschmar**

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

14. Maiden name **Maria Elmann**

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

16. (a) Informant **Mrs. Flora Stegmann**

(b) Address **7106 Sharp**

17. (a) **Burial** (b) Date thereof **10-13-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **John L. Ziegenhein & Sons**

(b) Address **7027 Gravois Ave.**

19. (a) **OCT 13 1948** (b) **Blaster**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10**
 year **1948** hour **11** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **FEBRUARY 1947** to **OCTOBER 10 1948**
 that I last saw him alive on **OCTOBER 10 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY THROMBOSIS** **4 DAYS**

Due to **ARTERIOSCLEROTIC HEART DISEASE** **3 YEARS**

Due to.....

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

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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?.....
 (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **Robert W. Tichauer** (M. D. or other) **M.D.**

Address **4602 GRAVOIS ST. LOUIS 16** Date signed **10-12-48**

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

Francis J. Duran

Licensed Embalmer No.

2245

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.