

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

FILED JAN 24 1949

Primary Registration District No. **6076**

Registrar's No. **29174**

Registration District No. **379**

1. PLACE OF DEATH: **St Louis**
 (a) County **Jefferson**
 (b) City or town **Manchester**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Manchester Nursing Home**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **17**
 (c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **9**
 (d) Street No. **1** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Crescentia Stucke**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** day **25**,
 year **1948** hour **6, 10** minute **A** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Henry** 6. (c) Age of husband or wife if alive **77** years
 7. Birth date of deceased **June 6, 1877**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 20**, 1948, to **Dec 25**, 1948, that I last saw her alive on **Dec 24**, 1948, and that death occurred on the date and hour stated above.
 Immediate cause of death **chronic myocarditis** Duration _____

8. AGE:	Years	Months	Days	If less than one day
	71	6	23	hr. / min.

Due to **93d**
 Due to _____

9. Birthplace **Wisconsin** (City, town, or county) (State or foreign country)
 10. Usual occupation **Housework**

Other conditions **Hypertension**
 (Include pregnancy within 7 months of death)

11. Industry or business _____
 12. Name **Joseph Schieble**
 13. Birthplace **Switzerland** (City, town, or county) (State or foreign country)
 14. Maiden name **Not known**
 15. Birthplace **Cologne** (City, town, or county) (State or foreign country)

Major findings: **H/OX**
 Of operations _____
 Of autopsy _____

16. (a) Informant **Adelaide Stemmler**
 (b) Address **2710 S. Grand Blvd.**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12/28/48** (Month) (Day) (Year)
 (c) Place: burial or crematory **Resurrection Cemetery, 2630 Gravois Ave.**
 18. (a) Signature of funeral director **John H. Gebken & Sons**
 (b) Address **2630 Gravois Ave.**
 19. (a) **12-27-49** (Date received local registrar) (b) **Phurid L. Luyk** (Registrar's signature)

(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 **R. B. Lerner** (M. D. or other) _____
 Address **7627 Wilman Ave. St. Louis** Date signed **12-27-48**

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.....

Robert T. Gibben

Licensed Embalmer No. **4144**

P. O. Address, **2630 Gravois Ave.**

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.