

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39338

FILED DEC 6 1949

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State File No.

Registrar's No. 10220

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri, b. COUNTY 000			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2500 So. 18th St.,				d. STREET ADDRESS (If rural, give location) 25- 2500 So. 18th St.,			
3. NAME OF DECEASED (Type or Print) Josephine			a. (First) b. (Middle) c. (Last) Stuckstede,			4. DATE OF DEATH (Month) (Day) (Year) November 26, 1949	
5. SEX Female,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single,	8. DATE OF BIRTH January 15, 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Stuckstede,			13b. MOTHER'S MAIDEN NAME Mary Romanbrock,			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mary P. Stuckstede, 3434 Montana St.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				myocarditis chronic		10 yrs	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) Pyelitis severe		5 yrs	
				DUE TO (c) bates - arthritis		5 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		59	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7230			
22. I hereby certify that I attended the deceased from April 10, 1949, to Nov 26, 1949, that I last saw the deceased alive on Nov 26, 1949, and that death occurred at 9:30P.m., from the causes and on the date stated above.							
23a. SIGNATURE Edward H. Hamel M.D.				(Degree of title)		23b. ADDRESS 1504 So Grand	
23c. DATE SIGNED 11/28/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE 11/29/49		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,	
24d. LOCATION (City, town, or county) (State) 7030 Gravois Ave.,		DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE Nov 28 1949		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, 2842 Meramec St.,			
				ADDRESS St. Louis, 18, Mo.			

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

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

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joe S. Benz
.....
Licensed Embalmer No. 4219

.....
P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.