

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33856**

FILED SEP 23 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2422

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>	
c. LENGTH OF STAY (In this place) <u>58 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2149 Union Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2149 Union Road</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CAROLINA</u>	b. (Middle) <u>E.</u>	c. (Last) <u>STUENKEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 12, 1894</u>	9. AGE (In years last birthday) <u>58</u>	10. UNDER 1 YEAR (Months) <u>0</u>	11. UNDER 5 HRS. (Days) <u>5</u>	12. UNDER 1 MIN. (Hours) <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At. Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
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13a. FATHER'S NAME <u>William F. Stuenkel</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Franke</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Stuenkel</u>	ADDRESS <u>2149 Union, Affton 23 Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>153X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>March 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of colon</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Sept. 17, 1952, that I last saw the deceased alive on Sept 17, 1952, and that death occurred at 12:50P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert W. Tchevor M.D.</u> (Degree or title)	23b. ADDRESS <u>P.O. Box 66</u>	23c. DATE SIGNED <u>9/18/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 20, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>2000 Lemay Ferry Road</u>
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DATE REC'D BY LOCAL REG. <u>9-18-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Pomke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. & L. Co.</u> ADDRESS <u>7814 So. Broadway St. Louis 11 Mo.</u>
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324 (Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Louis C. Halmer*

Signed.....
Student Embalmer

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.