

STANDARD CERTIFICATE OF DEATH

State File No. **32238**

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5595** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Jefferson b. CITY OR TOWN Rock Island c. LENGTH OF STAY (in this place) 6 Days d. FULL NAME OF HOSPITAL OR INSTITUTION Four Oaks Rest Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN St. Louis Co. d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) #9 Concord Lane 7840 1	
3. NAME OF DECEASED a. (First) MARTIN b. (Middle) _____ c. (Last) STUECK (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) Sep. 28 1953	
5. SEX <input checked="" type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 5, 1874
9. AGE (In years) 79 If under 1 year: Months _____ Days _____ If under 1 hr.: Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker (Self Employed) Bakery		10b. KIND OF BUSINESS OR INDUSTRY Bakery
11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Late Johanna Stueck		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME O. H. Stieber #9 Concord Lane	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Thrombosis.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X	
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)	
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?	
22. I hereby certify that I attended the deceased from <u>19 Sept 53</u>, to <u>26 Sept 53</u> that I last saw the deceased alive on <u>26</u>, 19<u>53</u>, and that death occurred at <u>6:50 P.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John G. Keellett		23b. ADDRESS 76025. Bway,	
23c. DATE SIGNED 9-29-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtn)	24b. DATE 10-1-1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Evergreen Cem.	24d. LOCATION (City, town, or county) (State) Millstadt, Ill.
DATE REC'D BY LOCAL REG. Oct 3-1953	REGISTRAR'S SIGNATURE Ruth Jirca 438	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.	

(Licensed Embalmer's Statement on Reverse Side)

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

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OCT 28 1953

OCT 29 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED OCT 6 1953

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William C. White*.....

Licensed Embalmer No. *4291*.....

P. O. Address *4228 S. Fair*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.