

STANDARD CERTIFICATE OF DEATH

4258

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Owensville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp</b>		Length of stay in lb <b>1 wk.</b>	d. STREET ADDRESS (If outside, give location) <b>211 W. Jefferson</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Frederick</b> Middle <b>William</b> Last <b>Stukenbroeker</b>			4. DATE OF DEATH <b>Feb. 26, 1957</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 22, 1873</b>	9. AGE (In years last birthday) <b>83</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pharmacist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Drug store</b>		11. BIRTHPLACE (City and state or country) <b>Bem, Mo.</b>	
13. FATHER'S NAME <b>August Stukenbroeker</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>497-09-604</b>		17. INFORMANT <b>Mrs. Fred Buschmann, Owensville, Mo</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Right Hemiplegia - Cerebral Hemorrhage</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					INTERVAL BETWEEN ONSET AND DEATH <b>6 1/2 dys.</b> <b>Not Known</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>2</b>		
20c. TIME OF INJURY: Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>2-20-57</b> to <b>2-26-57</b> and last saw <b>her</b> alive on <b>2-26-57</b> Death occurred at <b>2:55 PM</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Paula Bronner, M.D.</b> (Degree or title)		22b. ADDRESS <b>Owensville, Mo.</b>		22c. DATE SIGNED <b>2-28-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>2-28-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	
24. FUNERAL DIRECTOR <b>Michael N. H. White</b> ADDRESS <b>OWENSVILLE</b>		23d. LOCATION (City, town, or county) (State) <b>Owensville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 1, 1957</b>	
26. REGISTRAR'S SIGNATURE <b>J.R. Stukenbroeker, R.P. &amp; Wideman, Mo.</b>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Health, welfare, public service

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms with reference to diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAY 7 1958

MAR 22 1957

JUN 18 1959

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 H. H. [Signature]*

Licensed Embalmer No. 383

P. O. Address OWENSVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.