URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

60-025009
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6057

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: 18 days this time
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frisco Employee's
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Alabama
b. COUNTY
c. CITY OR TOWN Birmingham
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1825 14th Ave. North
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Claude Middle: H Last: Stuteville
4. DATE OF DEATH Month: June Day: 11 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-3-1889
9. AGE (last birthday): 71 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Handler retired
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (City and state or country): INDIANA
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: George STuteville
13b. MOTHER'S MAIDEN NAME: Cuenno Rogers
14. NAME OF ~~HUSBAND OR~~ WIFE: Mary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John A Stuteville Address 8325 N. 1st Av. Birmingham Ala

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart failure due to Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chr. lymphatic leukemia — Known 5 yrs
DUE TO (c): Myocardial infarction diagnosed Jan 1960
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
204.0
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF DOCUMENT

21. I attended the deceased from June 1955, to 6-11-1960 and last saw him alive on 6-11-60
Death occurred at 10:15 Pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Norman B Miller MD (Degree or title)
22b. ADDRESS #960 Laclede Ave
22c. DATE SIGNED 6-11-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-13-60
23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
23d. LOCATION (City, town, or county) (State): Birmingham, Ala.
24. FUNERAL DIRECTOR: Albert H. Hoppe, Inc. ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: JUN 13 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. mjs

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St. Louis

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