MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19529

File No. 5129

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. City Hosp. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME August A. Stoch

(a) Residence. No. 6826 Dale ave St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Stoch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 4 - 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	63	2	–	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wisconsin
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Stoch

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Wisconsin

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Wisconsin

14. INFORMANT Helen Stoch
(Address) 6826 Dale ave

15. FILED ..., 19... Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1929

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 1 55 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Haemorrhage of Brain (Traumatic)
Struck by Auto
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) St. Louis Mo. Accident
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kemer, M.D.
5/6, 1929 (Address) Dep. Coron

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Janesville Wis	May 7 1929
20. UNDERTAKER	ADDRESS
Hy Leidner Und Co	1417 N. Market St.