

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

Do not use this space.

19897

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City St. Louis

(No. Lutheran Hospital.)

File No. ....  
Registered No. 5520  
St. .... Ward)

**2. FULL NAME**

Carl Stockhardt

(a) Residence. No. 902 St. Charles St., 20 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
45 8 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work clerk

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Springfield  
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Geo. C. Stockhardt

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

12. MAIDEN NAME OF MOTHER Anna Koenig

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

14. INFORMANT Mrs. M. J. J. J.  
(Address) 807 St. Man

15. FILED MAY 20 1929 REGISTRAR Max Starker

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) MAY 18 1929

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1929, to May 18, 1929 that I last saw him alive on May 18, 1929, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY) 101W

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Edwin P. Meiners, M. D.

5/18/29, 19 (Address) 6600 Delmar Ave

\*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

Concordia Cemetery 5/18 1929

20. UNDERTAKER ADDRESS The H. Beiderwiden St Louis Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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