WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space

3302 ~~3194~~ 2731

File No.

Registered No. 799

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. St. Marys Infirmery St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME George W. Stockwell

(a) Residence. No. 2933 Park Ave. St., 22 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 Jennie Stockwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22. 1887

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
42	11	0	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Terminal R.R.

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

PARENTS

10. NAME OF FATHER Henry Stockwell

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Jennie Stockwell
(Address) 2933 Park ave

15. FILED JAN 25 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-22- 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-30- 1929, to 1-22- 1930 that I last saw him alive on 1-21- 1930, and that death occurred, on the date stated above, at 2:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sepsis following Gastro Enterostomy

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Duodenal Ulcer

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH At Patients home

DID AN OPERATION PRECEDE DEATH? yes DATE OF 1-6-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Xray

(Signed) Howard D. Starkey, M. D.

1-24. 1930 (Address) 3115 W Grand.

*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
New St. Marcus Cemetery	1/25/30

20. UNDERTAKER	ADDRESS
McLaughlin	1631 Mo. ave.