

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

Do not use this space.

26516

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Townshp..... Primary Registration District No. 1003  
 City St Louis Mo. (No. Jewish Hospital) St. .... Ward)

File No.....  
 Registered No. 7669  
 St. .... Ward)

**2. FULL NAME**

Mary Stock  
 (a) Residence, No. Je 267 Weber Place 3 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE-MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Stock</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 3 - 1855</u>			
7. AGE	YEARS <u>75</u>	MONTHS <u>7</u>	DAYS <u>6</u>
			IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>11</u>		
	10. Date deceased last worked at this occupation (month and year)..... <u>unknown</u>		
		11. Total time (years) spent in this occupation..... <u>unknown</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Missouri</u>			
FATHER	13. NAME <u>Henry Willow</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	15. MAIDEN NAME <u>unknown</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs Mae Ross</u> (ADDRESS) <u>6267 Weber Place</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Peter &amp; Pauls Cem.</u> DATE <u>7/10</u> 19 <u>31</u>			
19. UNDERTAKER <u>E. J. Schmus</u> (ADDRESS) <u>312 1/2 LAFAYETTE AVE.</u>			
20. FILED <u>10 10 1931</u> <u>Max C. Starker</u> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6 1931

22. I HEREBY CERTIFY, That I attended deceased from June 17 1931 to July 6 1931  
 Last saw her alive on July 6 1931. Death is said to have occurred on the date stated above, at 11:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
1. Broncho pneumonia  
2. Cerebral apoplexy  
 Date of onset

Other contributory causes of importance:  
87A  
107A

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) J. J. Probstler M. D.  
 (Address) 4500 Olive

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

