

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.

2867

1. PLACE OF DEATH

County ..... Registration District No. *101*  
Township ..... Primary Registration District No. *103*  
City *St. Louis* (No. *1144 - St. Benedict ave*)

File No. ....  
Registered No. *573* St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. *12* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 1 - 1857*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs or min  
*74 10 14*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home Work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill 2*

13. NAME *Leonhard Stoecklin*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland 26*

15. MAIDEN NAME *Leontie Know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*

17. INFORMANT *Mrs. Ed. Reddy*

(ADDRESS) *1144 - St. Benedict ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calhoun* DATE *Jan 19 1932*

19. UNDERTAKER *Edw. P. Howard & Sons*

(ADDRESS) *4212 - St. Louis Avenue*

20. FILED *JAN 18 1932* *W. U. STURM* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 15<sup>th</sup> 1932*

22. I HEREBY CERTIFY, That I attended deceased from *May 19<sup>th</sup> 1932* to *Jan 15<sup>th</sup> 1932*

I last saw her alive on *Jan 15<sup>th</sup> 1932* Death is said

to have occurred on the date stated above, at *8:50 a.m.*

The principal cause of death and related causes of importance were as follows:

*Brain Myocarditis* Date of onset

*of 8 months standing*

*93 - 930*

Other contributory causes of importance:

*Senile Debility*

Name of operation ..... Date of .....

What test confirmed diagnosis? *(1)* 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? *no*

If so, specify .....

(Signed) *Geo. H. Westbrook*, M. D.

(Address) *5921 Easton*

