

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

Do not use this space.

APR 25 1934

5. PLACE OF DEATH

County Registration District No. **791**
 Township **100**
 City **St. Louis** (No. **Little Sisters of the Poor**) Primary Registration District No.

File No. **10728**
 Registered No. **2551**
 St. Ward)

2. FULL NAME

(a) Residence, No. **1919 Hickory** 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 **Life** 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) **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov-11-1858**

7. AGE YEARS **75** MONTHS **4** DAYS **2** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
 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) **St. Louis Missouri**

13. NAME **Antonie Stocker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Helen Stein**

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

17. INFORMANT (ADDRESS) **Julius J. Schmitz 1919 Hickory St**

18. BURIAL, CREMATION, OR REMOVAL **Adm. S. J. Peter Paul** DATE **Mar 15-1934**

19. UNDERTAKER (ADDRESS) **A. H. M. Laughlin 7631 Missouri Ave**

20. FILED **17 1934** **J. Bredack** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March-13 1934**

22. I HEREBY CERTIFY That I attended deceased from **Feb. 1** to **March 13**, 19**34**
 I last saw **her** alive on **March 13**, 19**34**. Death is said to have occurred on the date stated above, at **8 A.M.**

The principal cause of death and related causes of importance were as follows:
arterio-sclerotic heart disease

Other contributory causes of importance:
arterio-sclerosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 **Thromb. Scurvy**
 (Signed) **Thos. K. Garza**, M. D.
 (Address) **3160 Grand**

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.

