

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

Do not use this space.

1. PLACE OF DEATH

County St Louis Registration District No. 333
 Township St Ferdinand Primary Registration District No. 4468
 City Vigus (No. _____) St. _____ Ward)

File No. 21690
 Registered No. 118

2. FULL NAME

Cornelius Stocker

(a) Residence, No. Lower Bottom rd. St. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/2/1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
27 7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mulberry, Kans.

13. NAME Wm. Stocker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darmstadt, Ill.

15. MAIDEN NAME Mary Weilmuenster Darmstadt, Ill.

17. INFORMANT Alex. Stocker
 (ADDRESS) Longberg, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Darmstadt, Ill. DATE 6/10/34

19. UNDERTAKER (ADDRESS) Baumann Bros. Inc.
2504 Woodson rd. Overland

20. FILED June 9 1934 W. A. Zwick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3P m.

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

While in swimming in Mo. river on St. Louis County side, St. Ferdinand Township, trying to make his way to a boat, without question struck a strong current Date of onset _____

Other contributory causes of importance: because he immediately went under. Unable to find him until his body was in the water a number of hrs.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? 177

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) John B. Timmon, M. D.
 (Address) 3718 Jennings Rd

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.

JUL 21 1934

2533

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(Signature)

(Signature)

6/10/34

When he was finally found floating
quite some distance where he went under.
He was employed by the Woods Construction
Company, doing river Governme nt work.