

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

Do not use this space.

31008

1. PLACE OF DEATH **SEP 13 1934**

791

County.....
Township.....
City..... *St. Louis 9th*

Registration District No.....
Primary Registration District No..... **1008**
No. *4239 Hartford*

File No.....
Registered No..... **8274**
St..... Ward.....

2. FULL NAME

(a) Residence. No..... St.....
(Usual place of abode) *John Stock* 12 Ward.....

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widower*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 25 1859*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Lumber Inspector*
(b) General nature of industry, business, or establishment in which employed (or employer) *Foreman*
(c) Name of employer *St. Louis Lumber Co*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

10. NAME OF FATHER *Unknown Stock*

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 (Address) *Mary Stock 43629 Hartford St.*

15. *J. F. Bredbeck* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug 11 1934*

17. I HEREBY CERTIFY That I attended deceased from *Aug. 3rd*, 19*34*, to *Aug 11*, 19*34*, that I last saw him alive on *Aug 11*, 19*34*, and that death occurred, on the date stated above, *7:50 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Palatalveol hypertrophy
Pneumonia - lobar
10
11 1/2* (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *old eye* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? *Home*

DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Chemical*

(Signed) *Bernard Bloch*, M. D.

, 19 (Address) *3527 Croze*

*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

Mt. Olive Cemetery Aug 14 1934

20. UNDERTAKER *Wm. J. Robert* ADDRESS *1905 S Grand*

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.

WHITE PAPER

