

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

Do not use this space.

MAR 8 1935

6740

**1. PLACE OF DEATH**

County S.T. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033  
 City S.T. Louis (No. 6251 Julian) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles F. Stockwell  
 (a) Residence, No. 6251 Julian 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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Stockwell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1857  
 7. AGE YEARS 77 MONTHS 4 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mason  
 10. Date deceased last worked at this occupation (month and year) 9-30 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

MOTHER 13. NAME Thomas Stockwell

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Jane Warwick

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. L. T. White (ADDRESS) 6251 Julian Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodburn Pl. DATE Feb 8 1935

19. UNDERTAKER Shepard Funeral Home (ADDRESS) 1167 Hamilton Ave.

20. FILED 2-9-35 W. Baehner Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1935 to Feb 8, 1935  
 I last saw him alive on Feb 5, 1935 Death is said to have occurred on the date stated above, at 7:45 P. m.  
 The principal cause of death and related causes of importance were as follows:

Pneumo-pneumonia 2/7/35  
 Other contributory causes of importance: Chronic emphysema  
 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? no  
 If so, specify Charles F. Stockwell  
 (Signed) Charles F. Stockwell M. D.  
 (Address) 1300 A. Hammond Ave.

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.

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STATE BOARD OF HEALTH, MISSOURI

