

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

Do not use this space.

AUG 9 1935

24464

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **U.S. Marine Hospital, 364 Marine Ave.** St. **10** Ward)

File No. **5841**Registered No. **5841****2. FULL NAME** **Charles C. Stoker**

(a) Residence, No. **107 North 6th St.** St. **25** Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **68** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Single</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Apr. 11, 1861</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<b>68</b>	<b>2</b>	<b>25</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Cook</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>On River steamer</b>			
	10. Date deceased last worked at this occupation (month and year) <b>Oct. 24, 1934</b>		11. Total time (years) spent in this occupation <b>Unknown</b>	
12. BIRTHPLACE (CITY OR TOWN)..... <b>Unknown</b> (STATE OR COUNTRY) <b>Ohio</b>				
FATHER	13. NAME <b>George Stoker</b>			
	14. BIRTHPLACE (CITY OR TOWN)..... <b>Unknown</b> (STATE OR COUNTRY) <b>Ohio</b>			
MOTHER	15. MAIDEN NAME <b>Elizabeth Miller</b>			
	16. BIRTHPLACE (CITY OR TOWN)..... <b>Unknown</b> (STATE OR COUNTRY) <b>Ohio</b>			
17. INFORMANT (ADDRESS) <b>Spintator</b> <b>U.S. Marine Hospital, St. Louis, Mo.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Memorial Park July 8, 1935</b>				
19. UNDERTAKER (ADDRESS) <b>Mullen Bros</b> <b>425 1/2 Lynchell Blvd</b>				
20. FILED <b>JUL - 8 1935</b> <b>J. G. Budeck</b> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 6, 1935** , 19

22. I HEREBY CERTIFY, That I attended deceased from **July 3, 1935** , 19, to **July 6, 1935** , 19.

I last saw him alive on **July 6, 1935** , 19. Death is said to have occurred on the date stated above, at **12:45 PM**.

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

**Cerebral edema** July **5, 1935** Date of onset

**Alcoholism, chr.** **6 months**

Other contributory causes of importance:

Name of operation **None** Date of.....

What test confirmed diagnosis? **Clinical and laboratory** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: **No**  
 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..... **sc Dusch**

(Signed) **E. C. Drescher, A. Surg. (R) USPHS** , M. D.  
 (Address) **U.S. Marine Hospital, St. Louis, Mo.**  
 Certified: **A. G. P. R. A. H. M. D. H. Aug**

