

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.

MAR 12 1936

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

Do not use this space.

791

8414

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **3837**) - **Nebraska Ave** St. **2096** (Ward)

2. FULL NAME

(a) Residence, No. **3837 Nebraska St.**, **24** Ward. (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Charles Stock</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct 23 - 1842</b>		
7. AGE	YEARS <b>93</b>	MONTHS <b>4</b>
	DAYS <b>1</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>at home</b>	
	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
FATHER	13. NAME <b>Unknown</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
MOTHER	15. MAIDEN NAME <b>Unknown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
17. INFORMANT (ADDRESS) <b>Irene Jentsch 3837 Nebraska Ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Peter's Church</b> DATE <b>Feb 27 1936</b>		
19. UNDERTAKER (ADDRESS) <b>Wackery, Felderle 2331 Broadway</b>		
20. FILED <b>25 1936</b> <b>J. Bredeck</b> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 24 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 6 1935** to **Feb 24 1936**

I last saw him alive on **Feb 24 1936** Death is said to have occurred on the date stated above, at **11:30 pm**.

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

**Fracture of the left ribs at the neck of the femur from fall to floor in his own home**  
Other contributory causes of importance:  
**Hypostatic Pneumonia and Chronic Myocarditis**

Date of onset  
**Jan 18 1936**

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? **Accident** Date of injury **Feb 12/1936**  
Where did injury occur **St. Louis, Mo** (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **None**  
Nature of injury **see above**

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify.....  
(Signed) **John W. [Signature]** M. D.  
(Address) **607 N Grand**

