APR 11 1936

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

Do not use this space. 12445

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2818 Rear N. 15th St. ..... St. ..... Ward)

File No. ..... Registered No. 2457

2. FULL NAME Amelia Stock

(a) Residence, No. 2818 Rear N. 15th St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
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 Jacob Stock Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18th 1859

7. AGE: YEARS 76 | MONTHS 3 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Zollendorn Switzerland

FATHER

13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Ignatius Stock 2814 Blair ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Mch. 6th 1936

19. UNDERTAKER (ADDRESS) Aug. Brockland L & U Co. 1421 N. 9th St.

20. FILED MAR 4 1936 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-28 36 to 3 3 36 I last saw her alive on Mar 3 1936 Death is said to have occurred on the date stated above, at 10:57 A.M.

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

	Date of onset
Acute Myocarditis	3 4 36
Mitral Regurgitation	2 28 36
131	

Other contributory causes of importance:

Chronic Nephritis	2 28 36
~~Ab~~ Umbilical Hernia	2 28 36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Bernd E. Steegal, M. D.

(Address) 1878 Madison

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD