

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

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.

JUN 6 1936

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

Do not use this space.

21133

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **Barnes Hospital**) St. (Ward)

File No.
Registered No. **5344**

2. FULL NAME **Ida Stocke**

(s) Residence, No. **1252 Rosebury** St. **5** Ward.
(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. (If nonresident, give city or town and State)

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 Late August L. Stocke		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1867		
7. AGE	YEARS	MONTHS
	68	8
		26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.		
13. NAME August Hilbig		
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)		
15. MAIDEN NAME Margaret Maisel		
16. BIRTHPLACE (CITY OR TOWN) BAVARIA (STATE OR COUNTRY)		
17. INFORMANT Norma Stocke (ADDRESS) 6252 So. Rosebury Dr.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sollefontaine DATE 5-21 , 19 36		
19. UNDERTAKER Kriegerhauser Hortuaries (ADDRESS) 4228 So. Kingshighway		
20. FILED MAY 20 1936 J. H. Bredeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-19-1936**

22. I HEREBY CERTIFY, That I attended deceased from **5-11-1936**, to **5-19-1936**
I last saw her alive on **5-19-1936** Death is said to have occurred on the date stated above, at **1:50 p.m.**
The principal cause of death and related causes of importance were as follows:
Pneumonia (lobar)
Arteriosclerosis (arterial)
1/24
Other contributory causes of importance:
Arteriosclerosis & hypertension
Pneumonia, Bronchitis (Terminal)
Name of operation **Abdominal paracentesis** Date of **5-11-36**
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?
If so, specify
(Signed) **J. Ames E. Pittman, M. D.**
(Address) **Barnes Hospital**

Date of onset
5-14-36

