

DEC 4 1936

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

Do not use this space.

38848

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773Township St. FrancoisPrimary Registration District No. 6018A

File No. _____

Registered No. 182Near at Farmington, Missouri (No. _____ St. _____ Ward _____)

2. FULL NAME

Stella May Stochl(a) Residence, No. Wellston, Mo. 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

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFWilliam Stochl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 28, 1898

7. AGE

YEARS

38

MONTHS

3

DAYS

16If LESS than 1
day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Litchfield
Illinois13. NAME Frank H. Davis14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Litchfield
Illinois15. MAIDEN NAME Lulu Bevers16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Medoria
Illinois17. INFORMANT
(ADDRESS)Hospital Records
Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis, Mo. DATE Oct. 16, 193619. UNDERTAKER
(ADDRESS)Clark Undertaking Co.
St. Louis, Missouri

20. FILED

Oct 14 1936 T. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 193622. I HEREBY CERTIFY, That I attended deceased from
February 26, 1936, to October 24, 1936I last saw him alive on October 14, 1936. Death is saidto have occurred on the date stated above, at 1:25 P.M.

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

Chronic Myocarditis with
Decompensation and Hypertrophy
(Chronic Calculear Heart Disease) Date of onset
1928?

Other contributory causes of importance:

Dementia Praecox (Paranoid type)
predominating 1929Name of operation None Date of _____What test confirmed diagnosis? Cholesterol Was there an autopsy? No23. 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 _____

(Signed) C. C. Ault, M. D.(Address) Farmington, Mo.

