

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis.

FEB 8 1937 791

Registration District No.
Primary Registration District No. **1003**

File No. 3063
Registered No. 61
St. Ward)

2. FULL NAME William D. Storck.

(a) Residence, No. 5630 Pershing Ave.; St. 5 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1915.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 4 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Attendant.
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) Missouri.

FATHER
13. NAME William F. Storck

14. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

MOTHER
15. MAIDEN NAME Edna Daly

16. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. Edna Daly
(ADDRESS) 5630 Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crem. DATE Jan 3, 1937.

19. UNDERTAKER Albert H. Hoppe Inc.
(ADDRESS) 429 N. Euclid Ave.;

20. FILED JAN 3 1937
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 5:20 P.m.
The principal cause of death and related causes of importance were as follows:

ACCIDENT
Shock and Burns (2nd, 3rd)
degrees of entire body following
explosion of oil burner at
3321 Union Blvd. 5:00 P.M. - 1/1/37
Other contributory causes of importance:
Slight damage to bldg. from
explosion.

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 1/1, 1937

Where did injury occur? at home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Industry explosion
Nature of injury 2nd + 3rd degree Burns.

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify.....
(Signed) Alfred J. Perry M. D.
(Address) Deputy Coroner

