

APR 9 1937

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

Do not use this space.

10611

1. PLACE OF DEATH

County..... Registration District No. **791**
Township **St. Louis Mo.** Primary Registration District No. **1003**
City..... (No. **4559 West Pine Blvd.** St. Ward)

File No. **3185**

Registered No.

2. FULL NAME

Theodor Philip Stork.(a) Residence, No. **4559 West Pine Blvd.** **19** 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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF **Emma Poechel**
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 15/1844**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
9 93 0 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **music teacher**

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) **Germany**

13. NAME **William Stork**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Margaret Von Castelhu**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mrs. Theodor Stork**
(ADDRESS) **4559 West Pine**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **3/24/37**

19. UNDERTAKER **May**
(ADDRESS) **4356 Linden Blvd.**

20. FILER **J. J. Brueck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/22/1937**

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 **4:00 P.M.**
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance: **82**

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?..... 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 **4**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify..... (Signed) **Alfred J. Perry, M.D.**

(Address) **Alfred J. Perry**

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.

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