

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.

2014

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32637

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. Deaconess Hospital Registered No. 8691
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Stockmyer

(a) Residence, No. 7127 Mardell Ave. St. 3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male W 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Elizabeth Stockmyer (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1864.
7. AGE YEARS 73 MONTHS 4 DAYS 7 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Locomotive Engineer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Dayton,
(STATE OR COUNTRY) Ohio.

13. NAME William Stockmyer.
14. BIRTHPLACE (CITY OR TOWN) Dayton,
(STATE OR COUNTRY) Ohio.

15. MAIDEN NAME Elizabeth Miller.
16. BIRTHPLACE (CITY OR TOWN) Dayton,
(STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Elizabeth Stockmyer
(ADDRESS) 7127 Mardell Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Nat'l Cem. Jeff. Bks. DATE Sept. 18, 1937

19. FUNERAL DIRECTOR Misses Funeral Home Inc
(ADDRESS) Hyattsville Groves Mo.

20. FILED SEP 16 1937 Rebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1937 to 9 - 1, 1937
I last saw him alive on 9 - 14, 1937 Death is said to have occurred on the date stated above, at 2:45 A. M.
The principal cause of death and related causes of importance were as follows:

Chs. Myocarditis
Chs. Nephritis
Polar Pneumonia ??
Other contributory causes of importance:
Dysentery (type ?)

Name of operation none 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
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) W. Macan M. D.
(Address) 4760 E. Locust, St. Louis, Mo

STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Benj. C. Duncan
Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)