

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

32958

Do not use this space.

9012

1. PLACE OF DEATH **1937**

(a) County.....

Registration District No.....

791

(b) Township.....

Primary Registration District No.....

1003

Registered No.....

(c) City **St. Louis**

(d) Street No. **Bethesda Hospital**
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Julius W. Stocker**

(a) Residence, No. **5975 Lotus Ave.**

St. **6**

(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

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Late Cecelia Blake Stocker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 5, 1869**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

68

0

21

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Machinist

9. Industry or business in which work was done, as saw mill, bank, etc.

Feschen Rope Co.

10. Date deceased last worked at this occupation (month and year) **1 week ago**

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo.

FATHER

13. NAME **Bendict Stocker**

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

Switzerland

MOTHER

15. MAIDEN NAME

Elizabeth Dothage

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

Germany

17. INFORMANT (ADDRESS)

A. F. Beyer 7314 Stanforn Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE **New Pickers**

DATE **9-29**

1937

19. FUNERAL DIRECTOR (ADDRESS) **Kriegshauser Mortuaries 4228 So. Kingshighway**

20. FILED

SEP 2 1937

J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 26 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 21** 19**37** to **Sept 26** 19**37**

I last saw him alive on **Sept 25** 19**37** Death is said to have occurred on the date stated above, at **4:50 A.M.**

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

Ch Myocarditis
930

Date of onset

Other contributory causes of importance:

Anger, Lungs, heart, General Arteries, Sclerosis

Name of operation..... 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....., 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)

(Address) **2844 California**, M. D.

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.

Dr. Leo Reber

2590 H California Ave
Pasadena 9007 8:30 to 10

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Edwin M. Dermott

Licensed Embalmer No. 3024

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.)