

DEC 28 1937

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

 42509
 Do not use this space.

1. PLACE OF DEATH

 (a) County St. Louis Registration District No. 1123
 (b) Township Canaan Primary Registration District No. 62487 Registered No. 471
 (c) City Apfton (d) Street No. R. Route #1 St.
 (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

Hulda Stocker
 (a) Residence, No. Apfton Mo. St.
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Stocker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 30-1870.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 67 3 28

 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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)
 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.13. NAME George Kreisler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Louis Stocker
Apfton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Subst B. Park DATE Nov. 30 - 193719. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle
2331 S. Broadway20. FILED Nov. 29 1937 J. Mowery
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27th; 193722. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1924 to Nov 27, 1937
 I last saw him alive on Nov 24, 1937. Death is said to have occurred on the date stated above, at 10.20 P.M.

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

Carcinoma of the and
ophthal in both sides. 1928

Other contributory causes of importance:

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 Not known when dying, but
Wally Kelley M. D.
 (Signed) _____ (Address) Apfton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

 5017-20-37
 I X12004

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.

STATEMENT BY LICENSED EMBALMER .

I, Robert C. Wheeler, Licensed Embalmer No. 2178

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

L. E.

No. 2178 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Robert C. Wheeler

Licensed Embalmer No. 2178

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.)