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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

AUG 25 1940
Registration District No. 15791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6170 Pershing ave 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 6170 Pershing ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary W. Stoker 326

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 14, 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph R. Berkold

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gearin

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank O. Stoker

(b) Address 6170 Pershing, St. Louis, Mo.

17. (a) Burial (b) Date thereof 7-17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Edith E. Ambush

(b) Address 4234 Manchester ave.

19. (a) Jul 15 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1940 hour 12 minute 30 AM

21. I hereby certify that I attended the deceased from May 1931
_____ 19____ to July 15 1940
that I last saw her alive on July 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 2 hours

Due to hypertension and arteriosclerosis 9 yrs

Due to _____

Other conditions chronic glomerulonephritis 9 yrs
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 844

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bredeck (M. D. or other) _____

Address 402 Jay Ave Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 6-17-39
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *Florenz Eynck*

..... Licensed Embalmer No. *1284*

..... P. O. Address *St Louis Mo.*

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.)

If this body is not embalmed, above space should be left blank.