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Registrar's No. **5566**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 3 weeks 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME PETER STOCKL SR.

3. (b) If veteran, name war no

3. (c) Social Security No. 489-05-1488

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Stockl

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Nov. 15, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>7</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace _____ Hungary X
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business _____

MOTHER FATHER {

12. Name Joseph Stockl

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

14. Maiden name Theresa (Unknown)
(City, town, or county) (State or foreign country)

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

16. (a) Informant Peter Stockl, Jr.

(b) Address 1809 S. 9th St.

17. (a) Burial (b) Date thereof July 7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address 1826 Allen Ave.

19. (a) JUL 6 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 9 28

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1809 S. 9th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 5 1941, to July 4 1941; that I last saw him alive on 7-4-1941, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Death of terminal nephritis 30 days
caused by chronic nephritis

Due to Death Myocarditis 30 days

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

PHYSICIAN _____

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? _____

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

23. Signature Alvord E. Bruni (M. D. or other) !

Address 1541 21st St Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Benj. C. Duncan

Licensed Embalmer No. *2272*

P. O. Address. *1926 Allen*

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

If this body is not embalmed, fact should be so stated above.