

ED JAN 24 1942 791

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

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:  
3263 Hawthorne Blv'd.  
(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 Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. #3263 Hawthorne Blv'd  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BERTHA M. STOCKSTROM.

3. (b) If veteran, name war none. 3. (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 Louis Stockstrom. 6. (c) Age of husband or wife if alive 83. years

7. Birth date of deceased August 25, 1865.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76. 3. 14. hr. min.

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

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

12. Name Otto Meister.

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

14. Maiden name Unknown (Telenius).

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

16. (a) Informant Louis Stockstrom/.

(b) Address 3263 Hawthorne Blv'd.

17. (a) Cremation. (b) Date thereof 12/11/41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address #7233 Delmar Boulevard.

19. (a) DEC 9 1941 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9  
year 1941 hour 1-15 minute A.M.

21. I hereby certify that I attended the deceased from Feb 12  
1914 to Dec 9, 1941;  
that I last saw her alive on Sept 11, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery occlusion - probably thrombotic  
Duration 80 min

Due to chronic arteriosclerosis with hypertension 10 years

Due to \_\_\_\_\_

Other conditions chronic myocardial degeneration 5 years  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Herbert Fisher (M. D. or other) M.D.  
Address 3720 Washington Date signed 12-9-41

**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..... *Bradford A. Miles* .....

Licensed Embalmer No. *2901* .....

P. O. Address *University City, 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, fact should be so stated above.**