6313
S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9272

FILED APR 20 1942

Registration District No. 4291 Primary Registration District No. 1003 Registrar's No. 3364

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2655 GEYER
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Storck

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 WIDOWED

6. (b) Name of husband or wife FRED STORCK

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

7. Birth date of deceased July (Month) 4 (Day) 1859 (Year)

8. AGE: Years 82 Months 9 Days 8 If less than one day hr. min.

9. Birthplace ST. LOUIS, MO (City, town, or county) 0 (State or foreign country)

10. Usual occupation HIL

11. Industry or business

MOTHER FATHER

12. Name UNK. UEHMAN
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)
14. Maiden name AMAA UNKNOWN
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Laura Fischer
(b) Address 2655 Geyer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ST JOHN CEMETERY

18. (a) Signature of funeral director E J Behner
(b) Address 3125 Lafayette Ave

19. (a) APR 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

8844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12, year 1942 hour 4:05 minute A. M.

21. I hereby certify that I attended the deceased from March 17, 1942, to April 12, 1942, that I last saw her alive on April 12, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene of left foot	
Due to: Diabetes mellitus	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury
Signature M. M. Paul (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 4/14/42

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~~ .....

Jos B Vollmer, Registered Apprentice No. .....

working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4614

P. O. Address 3125 Lafayette Av

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.