

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 6 1942
Registration District No. 106

Primary Registration District No. 106

Registrar's No. 1417

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Tammany Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 696 Washington
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country. D

3. (a) PRINT FULL NAME Emelia E. Stock

3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1942 hour 9 minute A. M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Charles F. Stock 6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 9, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 13 1942 to June 29 1942
that I last saw her alive on May 16 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 9 20 hr. min.

Immediate cause of death Chr. Myocarditis Duration 10 Mo

9. Birthplace Not known Germany 4
(City, town, or county) (State or foreign country)

Due to Senility

Due to 930

10. Usual occupation At home

Other conditions (Include pregnancy within 3 months of death) 930

11. Industry or business

PHYSICIAN

Major findings: Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Henry Meinhardt

{ 13. Birthplace Not known not known 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name not known

{ 15. Birthplace not known not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Stock
(b) Address 5729 Lindenwood

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?

17. (a) burial (b) Date thereof 7/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

While at work? (Specify type of place)
(a) Means of injury D

18. (a) Signature of funeral director John Ziegenhain
(b) Address 7020 Gravois

19. (a) JUL 1 - 1942 (b) C. H. McFarlane
(Date received local registrar) (Registrar's signature)

23. Signature C. H. McFarlane (M. D. or other)
Address 6336 Clayton Road Date signed 6/30/42

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

Signed C. P. Kidwell
Licensed Embalmer No. 3877
P. O. Address 7027 Maunio

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.