

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31437

State File No. 0

FILED OCT 6 1942
Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2036

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution lmo 15 days
(Specify whether years, months or days)
In this community _____
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. 310 Altus Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 28th,
year 1942 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug 13 to Sept 28, 1942
that I last saw him alive on Sept 28 and that death occurred on the date and hour stated above. 1942

Immediate cause of death: Carcinoma of sigmoid colon Duration _____

Due to _____
Due to 462

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

Major findings: Metastases in Liver
Of operations _____
Of autopsy Metastases in Liver & Spleen
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 _____
23. Signature Phyllis Stewart (M. D. or other) _____
Address Custer Bldg Date signed 9-29-42

3. (a) PRINT FULL NAME HARRY H. STORK.

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

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

6. (b) Name of husband or wife Virginia Stork 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased November 12, 1865.
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Insurance Agent.

11. Industry or business _____

12. Name Conrad Stork.

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

14. Maiden name Margaret Heim.

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

16. (a) Informant Mrs. Marguerite Heinle.

(b) Address 310 Altus Place.

17. (a) Burial (b) Date thereof 10-1-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc

(b) Address 5966 1/2 Easton Ave.

19. (a) SEP 30 1942 (b) C. J. McDaniel
(Date received local registrar) (Registrar's signature)

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

96003

109

Dr. J.W. Stewart.
Lister Bldg.
2 to 4 P.M.
Forest 3800

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..... *Leonard W. Kraeger*.....
Licensed Embalmer No..... *2678*.....
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, fact should be so stated above.