. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35954

State File No.

Primary Registration District No. 1003

Registrar's No. 9327

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: 4933 Finkman Ave. /
(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: 000 12 29

(a) State Mo. (b) County

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

(d) Street No. 5173 Goethe Av e.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louis F. Stocker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Eleanor Stocker

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

7. Birth date of deceased Oct. (Month) 22nd (Day) 1887 (Year)

8. AGE: Years 55 Months 0 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Hardware Shop Proprietor

11. Industry or business

MOTHER FATHER

12. Name August Stocker

13. Birthplace Breese (City, town, or county) Illinois / (State or foreign country)

14. Maiden name Alvina Nieweg

15. Birthplace Newmelle (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Lydia Stocker

(b) Address 5173 Goethe Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th year 1942 hour 10 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan 24 1942 to Nov 6 1942 that I last saw him alive on Nov 5 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration

Due to Arteriosclerosis Hypertensive heart disease

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

23. Signature 0 (M. D. [redacted])

Address 1703 St. Louis Date signed 11-7-42

(Licensed Embalmer's Statement on Reverse Side)

1703 So. Grand Ave.
Hrs. 2:30-4 P.m

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.