S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3566

Registration District No. 784 Primary Registration District No. 720 Registrar's No. 219

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)
In this community 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4050 N. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES STOCKHOUSE.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 22 (Day) 1872 (Year)
8. AGE: Years 71 Months Days If less than one day hr. min.
9. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Unknown
11. Industry or business 9
FATHER 12. Name 9
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (~~Burial, cremation,~~ or removal) (b) Date thereof 1-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis
18. (a) Signature of funeral director W. Kehler
(b) Address 3500 Rutger St
19. (a) JAN 29 1943 (Date received local registrar) (b) E. G. McGarry M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st year 1943 hour 1 minute 25 P. M.
21. I hereby certify that I attended the deceased from December 5th, 1942, to January 21, 1943, that I last saw him alive on January 21, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis - Arterio Sclerosis	

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 R. N. Jansen (M. D. or coroner)
Address Manchester, Mo. Date signed 1/21/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.