

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4820

FILED FEB 16 1943

State File No.

Registration District No. 818

Primary Registration District No. 1007

Registrar's No. 1199

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community Unknown (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Kate Stock

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2 divorced, widowed
6. (b) Name of husband or wife Albert Stock 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased November 22, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 12 hr. min.

9. Birthplace Rochester, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Model Pants Co.

11. Industry or business Seamstress

MOTHER FATHER
12. Name Christian Dolde Germany
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Katherine Brendle
15. Birthplace (City, town, or county) (State or foreign country) Germany

16. (a) Informant Mrs. Ann Wildermuth

(b) Address 712 Belt Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 8 43
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Macken-Heldels-Wald Co.

(b) Address 3634 Gravois Avenue

19. (a) FEB 6 1943 J. F. Budeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 4714a Minnesota Ave.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4
year 1943 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 19... to 19...;

that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis, Cardiac Hypertrophy, Chronic Myocarditis and Diabetes
Duration

Due to 6/

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?

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

23. Signature Thomas J. Callahan (M.D. or other) 3
Address Deputy Coroner Date signed 2-6-43

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

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.