

No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22510
Registrar's No. 1495

Registration District No. 597

Primary Registration District No. 3068

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home
(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:
(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. Maplewood (If rural, give location)
(e) Citizen of foreign country? 4111 Kossuth (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer G. Stocker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26th
year 1943 hour 5 minute 30 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Rose F. Stocker
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 12th 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1944 to June 26 1943
that I last saw him alive on June 26 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
51 11 14 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Due to Brain Tumor and Epileptic
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Grocer

PHYSICIAN

11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name Jacob Stocker

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

14. Maiden name Antonetti Leinetke

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

16. (a) Informant Albert E. Stocker

(b) Address 4111 Kossuth Ave.

17. (a) Burial (b) Date thereof 6-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 N. Union Blvd.

19. (a) JUN 29 1943 (b) C. J. Moller, MD
(Date received local registrar) (Registrar's signature)

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?

23. Signature Theo. D. Riel (M. D. or other)
Address 7465 Hazel Ave. Date signed 6/28/43
While at work? _____ (Specify type of place)
(e) Means of injury _____

Dr. Rice
7465 - Medical Ave
Nov. 14, 1971
10 A.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 Warren A. Carver

Licensed Embalmer No. 3534

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.

Registration District No. 317

Primary Registration District No. 2068

Registrar's No. 1265

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution Maplewood Nursing Home
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Elmer G. Stocker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 1943 Year _____
_____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 20

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

7. Birth date of deceased: July 22 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months _____ Days _____
(Less than one day in _____ min.)

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

Due to Brain tumor and thick Epileptic

Due to Benign Brain Tumor

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

Major findings:
Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

S-22510