

S. No. 2
M-5-43
5-17-39
I X36471

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36975

REG 6 DEC 17 1943
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 10521

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
2502 Burd 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:
(a) State Mo. (b) County 12 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2502 Burd Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilhelminia Stockhov
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 28
year 1943 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from 11/26/43
_____ 19____ to 11/28/43 19____
that I last saw her alive on 11/28/43 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gustav. Stockhov 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 14 1866
(Month) (Day) (Year)

Immediate cause of death
Acute myocarditis 1 day.

8. AGE: Years Months Days If less than one day
77 10 14 hr. _____ min.

Due to Intestinal Obstruction 3 days.

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

Due to Incarperated left femoral hernia 3 days.
Other conditions ruptured left femoral hernia 10 days.
(Include pregnancy within 3 months of death) Acute myocarditis 10 days.

11. Industry or business _____
12. Name William Flottman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations Acute myocarditis
Of autopsy _____

16. (a) Informant Katherine Stockhov
(b) Address 2502 Burd Ave.
17. (a) Burial (b) Date thereof 12-1-43
(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 Union Blvd.
19. (a) NOV 30 1943 (b) J. J. Brusch
(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) no
(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) Means of injury _____
23. Signature J. J. Brusch (M. D. or other) MD.
Address 2901 Big Bend Rd. Date signed 1/30/43

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

MOTHER FATHER

2901 Rig Road
10-1

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.