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#22916
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1036
Registrar's No. 1026

FILED FEB 11 1944

378

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 2 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 3457 Hartford Avenue.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul A. Storck.

3. (b) If veteran, name war None 3. (c) Social Security No. 493-10-0145

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gretchen Stork. 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 28, 1885.
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 2 If less than one day hr. min.

9. Birthplace G ? Germany.
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender.

11. Industry or business

12. Name Ludwig Storck.

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

14. Maiden name Dont know 15. Birthplace ? Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gretchen Storck.

(b) Address 3457 Hartford Avenue.

17. (a) Cremation (b) Date thereof 2-2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) FEB 1 1944 (b) J. F. Breda (c) Registrar's signature
(Date received local registrar) (Registars signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th year 1944 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan. 28th 1944 to Jan. 30th 1944
that I last saw him alive on Jan. 30th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma metastases to Right Brain (cerebrum) 4 wks
Due to Carcinoma of Rectum with metastases to lungs and kidneys 2 yrs
Other conditions Right Brain
(Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy same as above

Duration 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?

23. Signature D. J. Verba (M. D. or other) 1/31/44
Address 1515 Lafayette Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

84K

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.

Signature: Howard Rowland
Licensed Embalmer No. 3114
P. O. Address: Alhambra, Ca

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.