

FILED SEP 30 1944

Registration District No. _____

Primary Registration District No. 3063

Registrar's No. 1965

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether

In this community Life
years, months or days)

3. (a) PRINT FULL NAME August Stocker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 11 19 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name August Stocker

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

14. Maiden name Mary Seewald

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

16. (a) Informant self

(b) Address 10107 S. Grand

17. (a) Burial (b) Date thereof 9-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Cem Des Pres

18. (a) Signature of funeral director Louis H. Harrison

(b) Address 1214 W. 1st St

19. (a) SEP 25 1944 (b) C. J. McClaran M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town RURAL GRAY'S
(If outside city or town limits, write "RURAL")

(d) Street No. 10107
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1944 hour 12 minute A M.

21. I hereby certify that I attended the deceased from Sept 14, 1944 to Sept 20, 1944
that I last saw him alive on Sept 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic cardiac vascular disease

Due to _____

Due to _____

Other conditions hypertrophic atherosclerosis
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy 938

Duration

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 John Mederunner (M. D. or other) MD

Address 601 Brentwood Date signed 9-22-44

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

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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..... *Van M. Sizemore*

Licensed Embalmer No. *4343*

P. O. Address..... *7415 Zephyr Pl.,
Maplewood, Mo.*

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.