

FILED OCT 23 1944 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

8967

1. PLACE OF DEATH:

(a) County St. Louis Mo
 (b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5808 Columbia 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)

3. (a) PRINT FULL NAME Joseph B Stock

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

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

6. (b) Name of husband or wife Catherine C 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb 15 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>8</u>	<u>2</u>	<u>hr. min.</u>

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

10. Usual occupation Produce Business

11. Industry or business Self

MOTHER FATHER

12. Name Bernard Stock
 13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Mertens
 15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine C Stock

(b) Address 5808 Columbia Ave

17. (a) Burial (b) Date thereof 10 20 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter Paul

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) OCT 19 1944 (b) J. P. Bredel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Way
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5808 Columbia Ave
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
 year 1944 hour 5.30 PM minute..... M.

21. I hereby certify that I attended the deceased from Sept 10, 1944
 to October 17, 1944
 that I last saw him alive on Oct 17, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocarditis Chronic
Coronary Occlusion
Atherosclerosis
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

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

23. Signature Alfred M. Jansenbach (M. D. or other) M.D.
 Address 5427 Southwest Date signed OCT 17 1944

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

Dr Langenbach
Southwest Ave

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 *Richard W. Stinson*

Licensed Embalmer No. *4007*

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.