

S. No. 2
DM-8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12031

FILED APR 3 1946

Registration District No. 383

Primary Registration District No. 6-2-3-6-4532

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Warren

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

(c) City or town Marthasville 12
(If outside city or town limits, write "RURAL")

(d) Street No. 6
(If rural, give location)

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

3. (a) PRINT FULL NAME Louisa Stock

3. (b) If veteran, name war: _____

3. (c) Social Security No. none

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Simon Stock

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

7. Birth date of deceased Dec. 11, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>2</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name William Wulff

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Charlotta Meier

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Waldo Stock

(b) Address Marthasville, Mo.

17. (a) Burial (b) Date thereof 3-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marthasville, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 3/8/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 10 to March 6, 1946
that I last saw him alive on Mar 6 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocarditis 1 day
Due to Chr. myocarditis 104 yrs
Due to General arteriosclerosis 15 yrs

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: 93d

Of operations _____

Of autopsy _____

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? _____

23. Signature Robert H. Schmidt MD
(Specify type of physician) (e) Means of injury 0
Address Marthasville, Mo Date signed 3-6-46

334

(Licensed Embalmer's Statement on Reverse Side)

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

10542

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.....

John E. Herlinger....., Registered Apprentice No. *375*,
working under my personal supervision.

Signed *John J. Heiberg*.....
Licensed Embalmer No. *3897*
P. O. Address *Warrenton, 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.