

Registration District No. **318**

Primary Registration District No.

Registrar's No. **3407**

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence: 4265 Flora Ave., /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **4265 Flora Ave., /**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Bessie J. Stocker.**
 3. (b) If veteran, name war..... **no**
 3. (c) Social Security No..... **no**

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **widowed.**
 6. (b) Name of husband or wife **Thomas E. Stocker, Dec'd.,** alive..... years
 6. (c) Age of husband or wife if..... years
 7. Birth date of deceased **May 6, 1868.**
(Month) (Day) (Year)

8. AGE: **77.** Years **11.** Months **6.** Days
 If less than one day hr. min.

9. Birthplace **Culloden, Georgia. /**
(City, town, or county) (State or foreign country)
 10. Usual occupation **at home**
 11. Industry or business.....

12. Name **William Rutherford.**
 13. Birthplace **Culloden, Georgia. /**
(City, town, or county) (State or foreign country)
 14. Maiden name **Julia Gibson.**
 15. Birthplace **Jones County, Georgia. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Harry Stocker.**
 (b) Address **4265 Flora Place,**
 17. (a) **Burial.** (b) Date thereof **4/15/46.**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Bellefontaine Cemetery.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**
 (b) Address **7233 Delmar Blvd.**
 19. (a) **APR 13 1946** (b) **J. F. Bredet**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **12**
 year **1946** hour **11:30** minute **A.** M.
 21. I hereby certify that I attended the deceased from **2-23-46** 19... to **4-12-46** 19...;
 that I last saw her alive on **4-10-46** 19... and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Atherosclerosis
gen arteriosclerosis
Diabetes mellitus
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) **61**
 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?

While at work?..... (Specify type of place)
 (c) Means of injury.....
 23. Signature **W. J. Quinter** (M. D. or other)
 Address **3720 Washington Blvd.** signed **4/13/46**

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

14134

Dr. W. A. Whitted
3720 Washington
JE 4511
9 to 12 a.m.

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 *Lawrence A. Murray*

Licensed Embalmer No. *7011*

P. O. Address *St. Louis, 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.