

S. No. 2
M-5-43
7. 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

18943

State File No.

Registrar's No.

4730

FILED JUN 3 1946

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 610 Hawk Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert C. Stocker

3. (b) If veteran, name war. 3. (c) Social Security No. 488-01-6033

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Stocker 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 15, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 7 10 hr. min.

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

10. Usual occupation Foundry Worker

11. Industry or business

12. Name Jacob Stocker

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

14. Maiden name Anna Leimcke

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

16. (a) Informant Jack Stocker

(b) Address 552 Mapleview Dr. U.C.

17. (a) Cremation (b) Date thereof 5/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 27 1946 (b) J. F. Brieseman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 610 Hawk Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1946 hour 5 minute 04 P.M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Duration of throat infection with a tearing knife at his home on May 25 1946 about 5.00 o'clock P.M.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence May 25 1946

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

None (Specify type of place)

While at work? (e) Means of injury cutting

23. Signature Patrick E. Taylor (M.D. or other)

Address 1300 Clark Date signed 27-46

(Licensed Embalmer's Statement on Reverse Side)

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

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

Raymond F. Heenan

Licensed Embalmer No.

4266

P. O. Address

St. Louis 7, 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.