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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. _____
Registrar's No. 3173

FILED NOV 4 1946
Registration District No. 31

Primary Registration District No. 2002

1. PLACE OF DEATH:
(a) County St. Louis Co
(b) City or town St. Louis University City
(c) Name of hospital or institution:
59 ARUNDELL PLACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis University City
(d) Street No. 59 ARUNDELL PLACE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAGDALENA STOCKHO
3. (b) If veteran, name war. = _____ 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 27 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from June 10, 1946 to October 27, 1946
that I last saw her alive on Oct. 26, 1946 and that death occurred on the date and hour stated above.

4. Sex FE 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife EDWARD + 6. (c) Age of husband or wife if alive = _____ years
7. Birth date of deceased: JULY 3 1880
(Month) (Day) (Year)

Immediate cause of death:
Carcinoma of abdominal and lung metastases
Due to _____
Due to 5:55 P.M.
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
66 4 23 hr. _____ min. _____
9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

MOTHER FATHER
11. Industry or business = _____
12. Name JACOB HAUZESEN
13. Birthplace GERMANY
14. Maiden name MAGDALENA FISCHER
15. Birthplace GERMANY

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 _____

16. (a) Informant Louis Stockho
(b) Address 59 Arundell Pl.
17. (a) BURIAL (b) Date thereof Oct. 29 '46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: NEW BETHLEHEM.
18. (a) Signature of funeral director Reiderwiedyn Fawcett
(b) Address 1936 St. Louis
19. (a) 10-29-46 (b) Ruth Paley
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Hansen (M. D. or other)
Address 36 Arundell Pl. Date signed 10/28/46

(Licensed Embalmer's Statement on Reverse Side)

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

16
3
5

33514

Duration
4 hrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. F. Lee. [unclear]
365 [unclear] [unclear] [unclear]
2 P.M.

JUN 21 1948

MAY 5 1948

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 Neal L. Paulson

Licensed Embalmer No. 4114

P. O. Address. 1936 St. Louis Ave.

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.