

FILED FEB 24 1947 818  
Registration District No.

Primary Registration District No. **1003**

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:  
**ST. LUKES HOSPITAL 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days**  
In this community **67 years**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS 96**  
(c) City or town.....  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. **CONWAY + BALLAS RDS.**  
(If rural, give location) **NRO**  
(e) Citizen of foreign country? **NO** (Yes or No) **1**  
If yes, name country.....

3. (a) PRINT FULL NAME **JOHN H. STOCK**  
3. (b) If veteran, name war **NO**  
3. (c) Social Security No. **NO**

4. Sex **MO** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **M /**  
6. (b) Name of husband or wife **LENA C.**  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **JUL. 24 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67 6 19** hr. min.

9. Birthplace **UNIVERSITY CITY MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED FARMER**

11. Industry or business.....

MOTHER FATHER { 12. Name **UNKNOWN 9**  
13. Birthplace **UNKNOWN 9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **UNKNOWN 9**  
15. Birthplace **UNKNOWN 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hena C. Stock**  
(b) Address **Clayton R#1 Box 346**  
17. (a) **Burial** (b) Date thereof **2-13-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **ST. PAULS. E.V. CEMETERY**

18. (a) Signature of funeral director **Blumman Bro. Co.**  
(b) Address **2504 Woodson Rd. Overland, Mo.**  
19. (a) **FEB 11 1947** (b) **J. J. Braddock**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **10**  
year **1947** hour **2** minute **50 P.** M.  
21. I hereby certify that I attended the deceased from  
**Dec 11 1946** to **Feb 10 1947**  
that I last saw him alive on **Feb 10 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of left lung - broncho-genic**  
Duration **6 mo.**

Due to.....  
Due to.....  
Other conditions **Hemiplegia left** **5 yrs.**  
(Include pregnancy within 3 months of death)

Major findings:  
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?

While at work? (Specify type of place).....  
(c) Means of injury.....  
23. Signature **Clara Seibel** (M. D. or other) **0**  
Address **3720 Washington** Date signed **2/11/47**

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

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**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..... *Harold K. Brown* .....

Licensed Embalmer No..... *4337* .....

P. O. Address..... *Overland* .....

**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.**