

FILED AUG 5 1947
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7144

1. PLACE OF DEATH:

(a) County: St. Louis, Mo.
(b) City or town: St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital #1.
(d) Length of stay: In hospital or institution.
In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: Adams
(c) City or town: Quincy
(d) Street No.: N.R.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: AUGUST STORK

(b) If veteran, name war: No
(c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased: April 30 1879

8. AGE: Years 68 Months 2 Days 29 If less than one day

9. Birthplace: Quincy Illinois

10. Usual occupation: Carpenter

11. Industry or business:

12. Name: Frederick Stork

13. Birthplace: Germany

14. Maiden name: Unknown

15. Birthplace: Unknown

16. (a) Informant: Paul Broemmel

(b) Address: Quincy, Ill.

17. (a) Removal (b) Date thereof: 7-30-47

(c) Place: burial or cremation: Quincy, Ill.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) JUL 31 1947 (b) J. F. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1947 hour 6:50 minute P

21. I hereby certify that I attended the deceased from July 21/47 that I last saw him alive on July 29th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Atherosclerotic Heart with Disease with generalized decompensation

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 93
Of autops: Not done

PHYSICIAN Underline the cause of 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: Robert J. Gilbert M.D. Date signed

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

MOTHER FATHER

JUL 31 1947

AUG 22 1947

50712

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

Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.