

FILED SEP 10 1947

Registration District No. **17**

Primary Registration District No. **4184**

Registrar's No. **18**

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

1. PLACE OF DEATH:
 (a) County **Franklin**
 (b) City or town **Gerald, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Fifty years** (Specify whether years, months or days)
 In this community **Fifty years**

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

3. (a) PRINT FULL NAME **WILHELMINA C. K. STOCKLAS**
 (b) If veteran, name war **--**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **17**
 year **1947** hour **7:30** minute **P.** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 (b) Name of husband or wife **~~Frank Stocklas~~**
 (c) Age of husband or wife if alive **--- years**

21. I hereby certify that I attended the deceased from **Jan 1945** to **July 1947**
 that I last saw **her** alive on **7-17** 19**47**
 and that death occurred on the date and hour stated above.

7. Birth date of deceased **August 24 1863**
 (Month) (Day) (Year)
 8. AGE: Years **83** Months **10** Days **23** If less than one day hr. min. **4**

Immediate cause of death **Coronary Occlusion** Duration **1/2 hr**
 Due to **Coronary Artery Dis.**
 Due to _____

9. Birthplace **Germany** (City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy **94A**

11. Industry or business **--**
 12. Name **Frederich William Knoop**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **K. K. Kammeyer**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

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

16. (a) Informant **Arthur Stocklas**
 (b) Address **St. Louis, Missouri**
 17. (a) **Burial** (b) Date thereof **July 20, 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Pauls Cemetery**

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? _____

18. (a) Signature of funeral director **Gerald** (Specify type of place) **Gerald, Missouri**
 (b) Address _____
 19. (a) **7-20-47** (b) **J. H. Matthews** (M. D. or other) _____
 (Date received local registrar) (Registrar's signature) Address _____ Date signed **7-27-47**

While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature **Charles Schmidt** (M. D. or other) _____
 Address **Gerald** Date signed **7-27-47**

RECEIVED
District Health Officer No. 9,
District Health Number.....
Date Filed 9-9-47

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..... Ernest P. Altman
Licensed Embalmer No..... 4054
P. O. Address..... Gerald, Missouri

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.