

FILED JUN 1 1948 818

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County.....  
 (b) City or town..... Saint Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: De Paul Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 11 Days  
 (Specify whether

In this community.....  
 years, months or days3. (a) PRINT FULL NAME Augusta Stock3. (b) If veteran,  
name war.....

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife..... Late Frederick Stock 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased..... August 14th, 1866  
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
81 9 3 hr. min.9. Birthplace..... Germany 4  
 (City, town, or county) (State or foreign country)10. Usual occupation Housework11. Industry or business.....  
 12. Name..... Herman Finger13. Birthplace..... Germany 4  
 (City, town, or county) (State or foreign country)14. Maiden name..... Peterson  
 15. Birthplace..... Germany 4  
 (City, town, or county) (State or foreign country)16. (a) Informant..... Mr. Fred Stock  
 (b) Address..... 4314 Penrose Street 15.17. (a) Burial (b) Date thereof..... 5/20/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... Bellefontaine Cemetery18. (a) Signature of funeral director..... Calvin F. Feutz  
 (b) Address..... 4828 Natural Bridge Boulevard19. (a) MAY 20 1948 (b) J. F. Bradeak  
 (Date received local registration) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State..... Missouri (b) County..... 600  
 (c) City or town..... Saint Louis 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2901 N. Taylor Avenue 9  
 (If rural, give location)  
 (e) Citizen of foreign country?..... No 0  
 (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 17th  
 year..... 1948 hour..... 10 minute..... 12 P. M.21. I hereby certify that I attended the deceased from.....  
May 3, 1948, to..... May 17..... 1948  
 that I last saw him..... alive on..... May 17..... 1948  
 and that death occurred on the date and hour stated above.Immediate cause of death..... Indistinct  
obstruction (valvular) Duration 5 daysDue to..... trusting loop near portion  
ileum 18 11 5 days

Due to.....

Other conditions..... Pericarditis, Coronary hyperplasia  
 (Include pregnancy within 3 months of death) 5 yearsMajor findings:..... Coronary artery hyperplasia  
of operations: Pericardium, left hyp. 2 bleed 15 yearsOf autopsy..... Same as above

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)..... Accident  
 (b) Date of occurrence..... May 3, 1948 600  
 (c) Where did injury occur?..... Her home  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?..... See above  
 While at work..... NO (Specify type of place) Fall  
 (e) Means of injury.....

23. Signature..... R. Bradeak (M. D. or other)  
 Address..... 1117 N. Grand Date signed..... May 19 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 \_\_\_\_\_

*John A. Mlinar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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.