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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 12 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

9457

Registrar's No.

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: EN ROUTE CITY HOSP. KINGSWAY - LINDELL BLVD  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
In this community 40 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County OWN  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1406-REAR-BENTON STR.  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM H. SCHOCK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JULIA SCHOCK 6. (c) Age of husband or wife if alive DECD

7. Birth date of deceased NOV-20-1868  
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 11 If less than one day hr. min.

9. Birthplace PEORIA ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED = R.R. EMPLOYEE

11. Industry or business \_\_\_\_\_

12. Name UNKNOWN

13. Birthplace " "

14. Maiden name UNKNOWN (State or foreign country)

15. Birthplace " "

16. (a) Informant John J. Brookland City

(b) Address 1827 7thogay St.

17. (a) BURIAL (b) Date thereof NOV 3RD/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brookland Ind. Co

(b) Address 1827 7thogay St.

19. (a) NOV 1 1948 (b) J. B. Lasater  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 31 year 1948 hour 3:42 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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) (e) Means of injury 3

23. Signature W. H. Perry (M. D. or other)

Address 10 South Loop Date signed 11/1/48

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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 Etton H. Remeluo

Licensed Embalmer No. 4283

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.**