S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 41860

Registrar's No. 10895

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3332 OREGON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Dov 17

(c) City or town ST.
(If outside city or town limits, write "RURAL")

(d) Street No. 3332 OREGON
(If rural, give location)

24

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FREDERICK STOCKINGER

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 MARRIED

6. (b) Name of ~~husband~~ or wife LULU

6. (c) Age of ~~husband~~ or wife if alive 80 years

7. Birth date of deceased APRIL (Month) 6 (Day) 1866 (Year)

8. AGE: Years 82 Months 8 Days 9 If less than one day hr. min.

9. Birthplace ST. LOUIS Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED WOOD CUTTER

11. Industry or business SASH + DOOR Co

FATHER
12. Name STOCKINGER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant LULU STOCKINGER
(b) Address 3332 OREGON

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 18, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation S. S. PETER + PAUL

18. (a) Signature of funeral director Thos. Kutis + Son
(b) Address 2906 GRAVOIS ST. LOUIS, Mo

19. (a) DEC 17 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 15
year 1948 hour 9 minute 45 A M.

21. I hereby certify that I attended the deceased from June - 6, 1948, to Dec 15, 1948
that I last saw him alive on Dec - 14, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
myocarditis chr.	
mitral regurgitation	
Due to arteriosclerosis general.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy not done

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
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature B. L. Berscheid M.D. (M. D. or other)
Address 3159a S. Grand St Louis Mo. Date signed Dec 16-48

(Licensed Embalmer's Statement on Reverse Side)

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 Leo J. Budde

Licensed Embalmer No. 3989

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.