

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35616

State File No. 8887

FILED OCT 28 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1000** Registrar's No. \_\_\_\_\_

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY   |   |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )<br>c. LENGTH OF STAY (in this place) <b>1 night</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>5332 N. Broadway</b>  |   |
| 3. NAME OF DECEASED<br>a. (First) <b>Shirley</b><br>(Type or Print)   |  | b. (Middle) <b>May</b>  | c. (Last) <b>Stocksick</b>  |
| 5. SEX <b>female</b>  |  | 6. COLOR OR RACE <b>white</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>                              |
| 8. DATE OF DEATH (Month) (Day) (Year)<br><b>October 15, 1949</b>  |  | 9. AGE (In years last birthday) <b>16</b><br>IF UNDER 1 YEAR Months Days<br>IF UNDER 4 HRS. Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis, Missouri.</b>                          |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  | 13a. FATHER'S NAME<br><b>Clarence Stocksick</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Catherine Meyer</b>   |  | 14. NAME OF HUSBAND OR WIFE   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   |  | 16. SOCIAL SECURITY NO. <b>none</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mr. Clarence Stocksick 5332 N. Broadway</b>       |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                          |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary atherosclerosis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Diabetes mellitus</b><br>DUE TO (c) <b>Thrombocytopenic purpura</b> |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | INTERVAL BETWEEN ONSET AND DEATH  |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>               |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>115</b>                                     |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21f. HOW DID INJURY OCCUR?<br><b>AT 7:30 X</b>  |
| 22. I hereby certify that I attended the deceased from <b>12:27</b> , 1949, to <b>01:17</b> , 1949, that I last saw the deceased alive on <b>Oct 17, 1949</b> and that death occurred at <b>5:30a</b> m., from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE<br><b>Wm. M. D.</b>  |  | (Degree or title)   | 23b. ADDRESS<br><b>1718 East 5th</b>  |
| 23c. DATE SIGNED  |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |   |
| 24b. DATE<br><b>10-17-49.</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery.</b>  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri.</b>                      |
| DATE REC'D BY LOCAL REG.<br><b>OCT 17 1949</b>  |  | REGISTRAR'S SIGNATURE<br><b>J. B. Sauter</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b> |

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

2888

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Harold H. Burnley*

Licensed Embalmer No.

4302

P. O. Address

*St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.