

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15043  
State File No. 3084  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY <b>S</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>	
c. LENGTH OF STAY (in this place) <b>45</b>		d. STREET ADDRESS (If rural, give location) <b>7728 Shirley Dr.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bernard Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>MINNIE</b>			a. (First)		b. (Middle)		c. (Last) <b>STOECKER</b>		4. DATE OF DEATH <b>April 10, 1950</b> (Month) (Day) (Year)			
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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 BIRTH <b>Dec. 21, 1873</b>		9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR: Months <b>3</b> Days <b>19</b>		IF UNDER 1 HR. Hours <b>1</b> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>			11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
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13a. FATHER'S NAME <b>Frederick Stoecker</b>			13b. MOTHER'S MAIDEN NAME <b>Johanna Niebuhr</b>			14. NAME OF HUSBAND OR WIFE <b>Single</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fred Hollocher, Clayton, Mo.</b>				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIOSCLEROTIC HEART DISEASE WITH DECOMPENSATION</b>						<b>APPROX. 3 YRS.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS GENERALIZED</b>						<b>INDEFINITE</b>	
		DUE TO (c) <b>—</b>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <b>4500</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **19 Dec**, 1948, to **9 APRIL**, 1950, that I last saw the deceased alive on **9 APRIL**, 1950, and that death occurred at **1:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Henry T. Cooper (M.D.)</b> (Degree of title)			23b. ADDRESS <b>818 OLIVE ST. ST. LOUIS 11 MO</b>			23c. DATE SIGNED <b>10 APRIL 50</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/12/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Manchester M. E. Cemetery Manchester Mo.</b>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <b>APR 12 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sessler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Bonn, Inc. Kirkwood, Mo.</b>				ADDRESS	
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1888.

**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 *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, W.*

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.