

FILED JUN 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17244

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5594 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MERAMEC		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES 4611	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 486 BIG BEN RD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INF			

3. NAME OF DECEASED (Type or Print) SAM	a. (First)	b. (Middle) BELL	c. (Last) STROCK	4. DATE OF DEATH (Month) (Day) (Year) MAY 31 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12/25/1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days 15 16	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EDITOR-PUBLISHER	10b. KIND OF BUSINESS OR INDUSTRY NEWS PAPER	11. BIRTHPLACE (State or foreign country) COSBY MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES STROCK	13b. MOTHER'S MAIDEN NAME MINERVA SPENCE	14. NAME OF HUSBAND OR WIFE CLARA WOLF
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME BRO. Paschal St. Joseph Hill	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC INSUFFICIENCY		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS DUE TO (c) GENERALISED ARTERIO SCLEROSIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SCLEROSIS		4221	

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)
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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?
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22. I hereby certify that I attended the deceased from **NOV 21**, 19**49**, to **MAY 29**, 19**50**, that I last saw the deceased alive on **MAY 29**, 19**50**, and that death occurred at **9:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Maeder M.D.	23b. ADDRESS 3155 N. Vandeventer	23c. DATE SIGNED 5/31/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6/2/50	24c. NAME OF CEMETERY OR CREMATORY King City Cem.	24d. LOCATION (City, town, or county) (State) King City Mo. Mo.
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DATE REC'D BY LOCAL REG. 5/31/50	REGISTRAR'S SIGNATURE Mr. Ruth J. ...	435 5. FUNERAL DIRECTOR'S SIGNATURE Par & ...	ADDRESS Webster Groves Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

DATE RECEIVED 6-8-50
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

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

Leslie Welch

Licensed Embalmer No.

4395

P. O. Address

Webster Groves 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.