

No. 300  
10-48

FILED MAY 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18590**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3982**

1. PLACE OF DEATH a. COUNTY		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. LENGTH OF STAY (In this place) <b>13</b> CITY (If outside corporate limits, write RURAL and give township) <b>LADUE</b> <b>4431</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEACONESS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>17 FLEETWOOD DRIVE</b>	

3. NAME OF DECEASED (Type or Print) <b>JACOB (Jack)</b>	a. (First)	b. (Middle)	c. (Last) <b>STOCKER.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 27, 1952</b>
---	------------	-------------	------------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 29, 1895</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>56</b>
-----------------------	----------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President; Stocker-Hausman Grocer Co,</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	-----------------------------------	--	--

13a. FATHER'S NAME <b>Jacob Stocker.</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Lamicke</b>	14. NAME OF HUSBAND OR WIFE <b>Elise Chouteau Stocker.</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I</b>	16. SOCIAL SECURITY NO. <b>492-07-1141</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Elise Stocker; Ladue, Mo.</b>
--	---	--

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) <b>Coronary Arteriosclerotic Heart Disease</b>		<b>3 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
------------------------	----------------------------------	---

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>4200</b>
---	--	--

22. I hereby certify that I attended the deceased from Nov. 6, 1950, to April 27, 1952, that I last saw the deceased alive on April 27, 1952, and that death occurred at 9:17 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Clarence E. Mueller</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>634 N. Grand Blvd.</b>	23c. DATE SIGNED <b>4-28-52</b>
--	-----------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	24b. DATE <b>4-30-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri.</b>
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>APR 28 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.