

No. 30-48

STANDARD CERTIFICATE OF DEATH

State File No. 23012

FILED JUL 15 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1732

1. PLACE OF DEATH a. COUNTY St. Louis Co. Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.	
c. LENGTH OF STAY (In this place) 14 Wks		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Marys Hospital.		d. STREET ADDRESS (If rural, give location) 5824a Highland Av.,	

3. NAME OF DECEASED (Type or Print) a. (First) Della b. (Middle) c. (Last) Stockman			4. DATE OF DEATH (Month) (Day) (Year) 6/25/52		
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 12, 1895		9. AGE (In years last birthday) Months Days Hours Min. 57 2 13	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales lady		10b. KIND OF BUSINESS OR INDUSTRY FAMOUS-BARR		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME Adam Bucher		13b. MOTHER'S MAIDEN NAME Mary Sheehan		14. NAME OF HUSBAND OR WIFE Louis Stockman	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 488-28-5757		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Stockman 5824a Highland	
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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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERAL CARCINOMATOSIS 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"/>	
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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)		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 March 25, 1952 to June 25, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Daniel L. Dexton M.D. St. Vincent's Club Bldg.		23b. ADDRESS		23c. DATE SIGNED 6-25-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/28/52		24c. NAME OF CEMETERY OR CREMATORY Calvary cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. 6-26-52		REGISTRAR'S SIGNATURE Herbert B. Dink		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan's 2849 N. Euclid, City	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert L. Brinkman

Signed.....
Student Embalmer

Licensed Embalmer No. *3553*

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.