

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21321

State File No. \_\_\_\_\_  
Registrar's No. 4562

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 4562			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN X St. Louis		c. LENGTH OF STAY (in this place) 1 yr.		c. CITY OR TOWN St. Louis		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 5826 Lindenwood				e. STREET ADDRESS (If rural, give location) 14 5826 Lindenwood		21490					
3. NAME OF DECEASED (Type or Print) George			a. (First)		b. (Middle) B.		c. (Last) Stock		4. DATE OF DEATH (Month) (Day) (Year) May 21, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Sept. 14, 1891		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher				10b. KIND OF BUSINESS OR INDUSTRY Public school		11. BIRTHPLACE (City and State or Foreign Country) Hope, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Simon E. Stock				13b. MOTHER'S MAIDEN NAME Charlotte J. Merotto			14. NAME OF HUSBAND OR WIFE none				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #1				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charlotte Lanier, 6657 Bancroft					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS _____ 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? YES <input checked="" type="checkbox"/> NO <input 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? 4201							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:50 P. m., from the causes and on the date stated above.											
23a. SIGNATURE Patrick J. Taylor Coroner (Degree or title)				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 5.21.54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 23, 1954		24c. NAME OF CEMETERY OR CREMATORY Owensville, Missouri			24d. LOCATION (City, town, or county) (State) Owensville, Missouri				
DATE REC'D BY LOCAL REG. MAY 21 1954		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6464 C. Hoffmeister Colonial Mortuary, Chippewa						

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

Coroner

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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.....  
Signature of Student Embalmer

Signed *Linus C. Hoffmeister*.....

Licensed Embalmer No. 387

P. O. Address 7814 S. P.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.