

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

25290

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5881

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis,</u>		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 <u>4456 So. Compton Ave.,</u>				e. STREET ADDRESS (If rural, give location) <u>15 4456 So. Compton Ave.,</u> <u>2159</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Martin</u>		b. (Middle) <u>John</u>		c. (Last) <u>Stockert</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>28,</u>		(Year) <u>1954.</u>	
5. SEX <u>Male,</u>		6. COLOR OR RACE <u>White,</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>February 7, 1906.</u>	
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Car Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown,</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown,</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Stockert, (Deceased).</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-09-6393</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Marie Stockert, 4456 So. Compton Ave.,</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Carcinomatosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 mos</u> <u>1 mo.</u>	
19a. DATE OF OPERATION <u>6/2/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Stomach Generalized Metastasis</u>				20. AUTOPSY? YES <input 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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>151x</u>					
22. I hereby certify that I attended the deceased from <u>4-17-</u> , 19 <u>54</u> , to <u>5-28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-26</u> , 19 <u>54</u> , and that death occurred at <u>11:46A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harry Abuch MD</u>				23b. ADDRESS <u>5633 S Kingshighway</u>		23c. DATE SIGNED <u>8/29/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/1/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri,</u>	
DATE REC'D BY LOCAL REG. <u>JUN 30 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joe B. Benz

Licensed Embalmer No. 424

P. O. Address.....2842 Meram
St. Louis;

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.