

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25291

State File No.

BIRTH NO. 48913-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6349

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 town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>7205 Eugene</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>"Baby"</u>		b. (Middle)		c. (Last) <u>Stockglasner</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1954</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 13, 1954</u>		9. AGE (In years last birthday) <u>20</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>"Baby"</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William G. Stockglasner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary V. Lopez</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>W.G. Stockglasner</u>		ADDRESS <u>7205 Eugene</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>anoxia due to compression of lungs -</u> ANTECEDENT CAUSES DUE TO (b) <u>due to large rd. sided diaphragmatic</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>hernia & ligament & in vertebrae in st. thorax -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>pushing heart over into st. thorax</u>				INTERVAL BETWEEN ONSET AND DEATH <u>congested</u>	
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) <u>none</u>		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? <u>7593</u>		22. I hereby certify that I attended the deceased from <u>3:30 am</u> , 19 <u>54</u> , to <u>4:15 am</u> <u>7/13/54</u> , that I last saw the deceased alive on <u>7/13</u> , 19 <u>54</u> , and that death occurred at <u>3:15 am</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wm. J. Wotawick 9-108</u>		23b. ADDRESS <u>3804 Wilmington Ave</u>		23c. DATE SIGNED <u>7/13/54</u>			
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 14, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		DATE REC'D BY LOCAL REG. <u>JUL 13 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>			
25. FEDERAL DIRECTOR'S SIGNATURE <u>Wacker</u>		ADDRESS <u>Kellerle - 3634 Gravois Ave.</u>					

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

P.S. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 29

P. O. Address.....

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.