

FILED OCT 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32730
Registrar's No. 2376

BIRTH NO. REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 300

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Storck	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Velda Village		c. CITY OR TOWN Velda Village	
c. LENGTH OF STAY (in this place) 2 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6912 Glenmore Drive		e. STREET ADDRESS (If rural, give location) 6912 Glenmore Drive	

3. NAME OF DECEASED (Type or Print) Lydia Storck			4. DATE OF DEATH (Month) (Day) (Year) 10 - 8 - 1954		
5. SEX Fem		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 9 - 30 - 1882		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Cowling, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Philip Fritze		13b. MOTHER'S MAIDEN NAME Amelia Grosse		14. NAME OF HUSBAND OR WIFE William Storck	
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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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Engelken, 6912 Glenmore Dr	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - Ovary				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		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. Arterio. Sclerosis					

19a. DATE OF OPERATION 1952		19b. MAJOR FINDINGS OF OPERATION Carcinomatosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 175X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from **Jan 1954**, to **Oct 8, 1954**, that I last saw the deceased alive on **Oct 8, 1954**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. Stachle (Degree or title) M.D.		23b. ADDRESS 7124 Natural Bridge		23c. DATE SIGNED 10-11-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/12/54		24c. NAME OF CEMETERY OR CREMATORY Western Lutheran Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
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DATE REC'D BY LOCAL REG. 10/11/54		REGISTRAR'S SIGNATURE Rebecca K. Lamb		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.	
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Dr. M. Staehle
7124 Nat. Bldg.

Mon 9 - 11

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.....
Albert R. Thompson

Licensed Embalmer No. 453

P. O. Address *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.