

FILED OCT 18 1954

STANDARD CERTIFICATE OF DEATH

State File No. 33237

BIRTH NO.		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5179		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY <i>Camden</i>				2. USUAL RESIDENCE (Where deceased lived at institution; residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Camden</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Chapin</i>		c. LENGTH OF STAY (in this place) <i>20 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Ways Beach - rural Chapin</i>		d. STREET ADDRESS (If rural, give location) <i>Gen Del St</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i>							
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Arthur</i>		b. (Middle) <i>Stoecker</i>		c. (Last)	
4. DATE OF DEATH		Month <i>Oct</i> Day <i>13</i> Year <i>1954</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>Wht</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		<i>Married</i>		8. DATE OF BIRTH <i>Mar 6 - 1870</i>		9. AGE (In years last birthday) <i>84</i>	
10. USUAL OCCUPATION (Give kind of work during last of work life, even if retired)		100. KIND OF BUSINESS OR INDUSTRY <i>Tourist Camp</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St Louis MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>unknown</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Ellie Semins</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Arthur Stoecker</i>		ADDRESS <i>above</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Myocardial failure</i>				<i>5 days</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <i>Hypertensive heart disease</i> DUE TO (c) <i>Arteriosclerosis</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Oct 13, 1954</i> to <i>10</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>15</i> , 19 <i>54</i> , and that death occurred at <i>1:15 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Albin Woolery Coroner</i>				23b. ADDRESS <i>Camden MO</i>		23c. DATE SIGNED <i>Oct 13 - 54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Oct 15 - 54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Co MO</i>	
DATE REC'D BY LOCAL REG. <i>Oct 14 - 1954</i>		REGISTRAR'S SIGNATURE <i>Zilpha Traw 420</i>		25. FEDERAL DIRECTOR'S SIGNATURE <i>Ziegenheim</i> ADDRESS <i>San Louis MO</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Obbie Banksen Wood*

Licensed Embalmer No. *2488*

P. O. Address *Combiton*

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.