

FILED APR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. 27047-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2819

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 5816 b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley City 21
d. STREET ADDRESS (If rural, give location) 5816 Berkeley Dr

3. NAME OF DECEASED
a. (First) Infant b. (Middle) _____ c. (Last) Stockton
4. DATE OF DEATH (Month) (Day) (Year) 3 20 56

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED (specify) Never married 8. DATE OF BIRTH 3/20/56 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. 0 0 0 0 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clarence Stockton 13b. MOTHER'S MAIDEN NAME Ida Joseph 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, no, or unknown) (If yes, give year or dates of service) None 16. SOCIAL SECURITY NO. None 17. HUSBAND'S SIGNATURE OR NAME ADDRESS Clarence Stockton 5816 Berkeley Drive, 21,

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) Bilat. atelectasis, pulm.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) Placenta Previa, partial
DUE TO (c) with prolapsed cord.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 20 min.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 761.0 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3/20, 1956, to 3/20, 1956, that I last saw the deceased alive on 3/20, 1956, and that death occurred at 1:01 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray V. Boedeker M.D. 23b. ADDRESS 453 N. Taylor 23c. DATE SIGNED 3/20/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/21/56 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. MAR 21 1956 REGISTRAR'S SIGNATURE J. Carl Smith M.D. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Missouri

WRITE PLAINLY—USING UNFADEING 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

John A. Miller

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo.*

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.