

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32440

STATE FILE NUMBER

FILED SEP 21 1956

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 7918

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN ST. LOUIS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION 4236 HOLLY		d. STREET ADDRESS (If outside, give location) Reside on Farm 2109 4236 HOLLY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last WALTER HENRY STOCKMANN		4. DATE OF DEATH Month Day Year AUG. 27, 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 27, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LATHE OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY ELECTRIC MFRG.	9. AGE (In years last birthday) 61
11. BIRTHPLACE (City and state or country) BELLEVILLE ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME FRED STOCKMANN		14. MOTHER'S MAIDEN NAME ANNA MARY FEDER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 492-61-0001	
17. INFORMANT CATHERINE STOCKMANN		Address 4236 HOLLY	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Arteriosclerosis Arterio-sclerosis			INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m.		420.1	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2/2/56 to 8/27/56 and last saw him alive on 8/20/56 Death occurred at 6:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm. R. Mowbray (Degree or title) William R. Mowbray M.D.		22b. ADDRESS 3625 Fair 3625 Fair Ore.	
22c. DATE SIGNED 8/27/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 30, 1956	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI
24. FUNERAL DIRECTOR STROOT CARROLL 4600 NATURAL BRIDGE		25. DATE RECD. BY LOCAL REG. AUG 28 1956	
26. REGISTRAR'S SIGNATURE Carl Smith MD			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *M. W. Rueter*.....

Licensed Embalmer No. *48*.....

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.