Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034737
STATE FILE NUMBER 9482

FILED OCT 10 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: New Faith Hosp. — Length of stay in Ib: 8-days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY:
c. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4230a Linton Ave. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Edwin Middle: J. Last: Stocker
4. DATE OF DEATH: Month Oct. Day 2 Year 1958
5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug.12,1913
9. AGE (In years last birthday): 45 — 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): Bldg. Mgr.American Red Cross
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St.Louis,Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Edwin M.Stocker
13b. MOTHER'S MAIDEN NAME: Adele Stack
14. NAME OF HUSBAND OR WIFE: Mrs.Mary Stocker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 499-05-6588
17. INFORMANT: Mrs.Mary Stocker, Address: 4230a Linton Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chromophobe adenoma of the pituitary gland, advanced — INTERVAL BETWEEN ONSET AND DEATH: 4 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 272X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Terminal bronchopneumonia R. side
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1.29.1958 to 10.1.1958 and last saw him alive on 10.1.1958
Death occurred at 3:30 am. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: V. Fry Blum (Degree or title) MD
22b. ADDRESS: 1126 St. Louis Ave
22c. DATE SIGNED: 10.3.58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct.4,1958
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis,Missouri
24. FUNERAL DIRECTOR: Arthur J. Donnell — ADDRESS: 840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: OCT 3 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

(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 Dronie Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Linde

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.