THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015792
State File No.

FILED APR 20 1959

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 2 3147

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 0 ST. ANTHONY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~ST. LOUIS~~ 23 4810
d. STREET ADDRESS (If rural, give location): 7909 GENESTA

3. NAME OF DECEASED (Type or Print)
a. (First): APRIL
b. (Middle): LEE
c. (Last): STOCK

4. DATE OF DEATH (Month) (Day) (Year): 3 29 1959

5. SEX: female
6. COLOR OR RACE: / W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0 NEVER MARRIED
8. DATE OF BIRTH: 3 27 1959
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days 2; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - -
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MISSOURI, St. Louis 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: CLARENCE B. STOCK
13b. MOTHER'S MAIDEN NAME: BOESE, JANET
14. NAME OF HUSBAND OR WIFE: NONE

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: MRS. JANET STOCK 7909 GENESTA
ADDRESS: 23

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hydrocephalus Acute dil of heart
INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 7730

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
multiple deformities - e.g. cleft palate, club feet

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒ 2

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) m.
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* 3-27, 1959, *to* 3-29, 1959, *that I last saw the deceased alive on* 3-29, 1959, *and that death occurred at* 8:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis D. Creutius M.D.
23b. ADDRESS: 752 Lemay Ferry Rd
23c. DATE SIGNED: 3.29.59

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 3/31/1959
24c. NAME OF CEMETERY OR CREMATORY: LAKEWOOD PARK CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS CO., MO.

DATE REC'D BY LOCAL REG.: MAR 30 '59
REGISTRAR'S SIGNATURE: Carl Smith. M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: J L ZIEGENHEIN & SONS
ADDRESS: 7027 GRAVOI

M. J. B.

(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 No Embalming, Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 3677

P. O. Address 7027 Frances

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.