

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
U.S. DIVISION OF HEALTH, SAFETY & HIGIENE
STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 4 1960

'59 0 4 5 9 9 8
 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **211648**

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) OR TOWN Saint Louis		Length of stay in 1b 40 years	c. CITY OR TOWN Saint Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4917a Penrose St.	
3. NAME OF DECEASED (Type or print) First Alma Middle E. Last Stocksick			4. DATE OF DEATH Month Dec. Day 15 Year 1959		
5. SEX FEMALE	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 4/26/94	9. AGE (last birthday) 65 yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Palmyra, Illinois	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME H. Stringer		13b. MOTHER'S MAIDEN NAME Elsie Kelly		14. NAME OF HUSBAND OR WIFE Edward J. Stocksick	
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 Address Mr. Edward J. Stocksick, 4917a Penrose St		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary emboli post operative gastrectomy & Cholecystectomy DUE TO (b) Post operative "gastrectomy & Cholecystectomy" DUE TO (c) 584 X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH sudden
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year		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.) 11-25-51		20f. CITY, TOWN, OR LOCATION 12-15-59		COUNTY STATE	
21. I attended the deceased from Nov. 25 51 to _____ and last saw her alive on 12-15-59 Death occurred at 12:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Clarence G. Drum (Degree or title) M.D.			22b. ADDRESS 1927 A Union		22c. DATE SIGNED 12.16.59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 18, 1959	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 NAT'L BRIDGE BLVD.			25. DATE RECD. BY LOCAL REG. DEC 16 1959		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

BY AFFIDAVIT OF **Clarence G. Drum**
 M.D. - **gastro, gastro, gall bladder with stone**
 DOCUMENT

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File in city.

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 Ralph C. Lindner

Licensed Embalmer No. 4205

P. O. Address H. Jones

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.