MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8636

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2307

City St Louis (No. 4623 Michigan Ave ..... St. ..... Ward)

2. FULL NAME Louis H. Stockhausen Jr

(a) Residence. No. ..... St., 15 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4. 1920

7. AGE Years 8 Months 5 Days 14 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

26 1

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

1

PARENTS

10. NAME OF FATHER Louis Stockhausen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

1

12. MAIDEN NAME OF MOTHER Ella Sperber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Illinois

2

14. INFORMANT Louis Stockhausen
(Address) 4623 Michigan

15. FILED Feb 20 1929 Max C Starkey Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1929, to Feb 18, 1929 that I last saw him alive on Feb 17, 1929, and that death occurred, on the date stated above, at 2 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Pernicious Anaemia~~
Pernicious Anaemia
71A
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 58a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscope
(Signed) Wm E Holdenried, M. D
Feb 19, 1929 (Address) 4500a Virginia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Paul Churchyard
DATE OF BURIAL 2/21 1929

20. UNDERTAKER C. Hoffmeister Mch Co
ADDRESS 7814 So Bdwy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.