

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

Do not use this space.

3429

1. PLACE OF DEATH

County..... Registration District No. 1707
 Township.....
 City St. Louis Mo. (No. Barnes Hosp.)
 Primary Registration District No. 2000

File No.....
 Registered No. 3328
 St..... Ward)

2. FULL NAME

(a) Residence, No. 1406 Judson St., 12 Ward, Evansville, Ind.
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Stockmeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 1 - 1893</u>		
7. AGE	YEARS	MONTHS
	<u>39</u>	<u>11</u>
		DAYS
		<u>8</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salaman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wholesale Drug</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Evansville Ind</u>		
FATHER	13. NAME <u>Geo Stockmeyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Stevens</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>Elizabeth Stockmeyer</u> (ADDRESS) <u>Evansville Ind</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Evansville Ind</u> DATE <u>Jan 13 - 1933</u>		
19. UNDERTAKER <u>Ambuster Ind Co</u> (ADDRESS) <u>4234 Independence Ave</u>		
20. FILED IN <u>10</u> <u>St. Louis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1932, to 1-9, 1933
 I last saw him alive on 1-9, 1933 Death is said to have occurred on the date stated above, at 3:10 p. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of colon
46C
123B 46C
 Other contributory causes of importance:

Name of operation entero-rectostomy Date of 1-5-33
 What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Cervical R. Bell, M. D.
 (Signed) Barnes Hospital, (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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