#641

MAY 7 1937

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

Do not use this space.

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File No.

Registered No. 4017

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5504A, Tennessee Ave. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Anthony J. Stockmann

(a) Residence, No. 5504A Tennessee Ave 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 6, 1900

7. AGE: YEARS 36 | MONTHS 6 | DAYS 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linotype Mach.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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): St. Louis Mo

FATHER

13. NAME: Anton Stockmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Emma Drissell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Theresa Stockmann, 5504A Tennessee Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS. Peter + Paul DATE 4-17-37, 19

19. UNDERTAKER (ADDRESS): Oscar J. Hoffmeister, 4016 Chippewa St.

20. FILED APR 16 1937 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:30 m. A.M.

The principal cause of death and related causes of importance were as follows:

Strangulation, due to hanging by rope from bridging between joists of first floor of his home 5504 Tennessee Av., about 12:30 AM Apr. 15, 1937, while suffering temporary mental aberration.

Date of onset

Other contributory causes of importance: Suicide.

165

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide 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 4

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph M. Quinn, M.D.

(Address) Deputy Coroner

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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