

REC'D JUN 20 1938

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

19394

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois Registration District No. 224  
(b) Township St. Francois Primary Registration District No. 4465 Registered No. \_\_\_\_\_  
(c) City Flat River (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Dwight Dennis Stockberger 321  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 Mrs. Belle Skalsky Stockberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 11 - 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hr. or ..... min.  
29 4 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employed at Treater  
9. Industry or business in which work was done, as saw mill, bank, etc. Body Chevrolet plant  
10. Date deceased last worked at this occupation (month and year) 12-18-1938 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester, Indiana

FATHER 13. NAME Mr. Clyde Austin Stockberger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Mrs. Edna Lorey (maiden name) unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
3322 2d Avenue - St. Louis

17. INFORMANT Mrs. Belle Stockberger  
(ADDRESS) 3322 2d Avenue - St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Louis DATE 6-17, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phonix Hotel  
Flat River Mo

20. FILED 6-18, 1938 C. B. Hanson  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1938

22. I HEREBY CERTIFY that I attended deceased from By Inquest 1938  
By Inquest 1938  
Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Inquest Pending Date of onset \_\_\_\_\_

Other contributory causes of importance: (Killed in airplane crash)

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. Date of injury 6-12, 1938

Where did injury occur? Flat River Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Gun

Nature of injury Head and body injuries

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Clem Pronce, coroner

(Address) Flat River, Mo.

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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Alvin W. Hood*

Licensed Embalmer No. *2780*

P. O. Address *Flat River Mo.*

**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 this body is not embalmed, above space should be left blank.**