

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

27149
 Do not use this space.

REC'D SEP 12 1938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... St. Louis (d) Street No. 5378 Geraldine St. _____
 (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.

Registered No. **7163**

2. PRINT FULL NAME

William J. Stock 320
 (a) Residence, No. 5378 Geraldine St. 7 (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 Elizabeth Stock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Custodian
 9. Industry or business in which work was done, as saw mill, bank, etc. School Board
 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) Missouri

FATHER 13. NAME August Stock

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

MOTHER 15. MAIDEN NAME Louise Heuer

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

17. INFORMANT Elizabeth Stock
 (ADDRESS) 5378 Geraldine

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. DATE Aug. 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Starck
1905 Union Blvd.

20. FILED AUG 12 1938 J.F. Brudeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to Aug 11, 1938
 I last saw him alive on Aug. 10, 1938. Death is said to have occurred on the date stated above, at 12:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset Don't know

Other contributory causes of importance:
Chronic interstitial nephritis

Don't know

Name of operation..... None Date of.....
 What test confirmed diagnosis? Clinical 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? No
 If so, specify.....
 (Signed) Voland R. Menovon, M. D.
 (Address) 5390 Geraldine av

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.

5330 /
8-9-22
15-105

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 *R. W. Sanford*

Licensed Embalmer No. *2273*

P. O. Address *St. Louis*

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.