

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 1003

966

Do not use this space.

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1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St. Louis..... (d) Street No. St. Anthony's Hospital..... 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.

2. PRINT FULL NAME Louisa Stoeckle

(a) Residence, No. 2914 Milton Ave..... St. 17.....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow Stoeckle
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Stoeckle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 31 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
82 11 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Missouri
(STATE OR COUNTRY)

13. NAME Casper Schieble

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

15. MAIDEN NAME ???? Leonharat

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

17. INFORMANT Mrs. E. E. Grubb
(ADDRESS) 2914 Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE February 1 1939

19. FUNERAL DIRECTOR (NAME)..... Peetz Brothers
(ADDRESS) 3029 Lafayette Ave

20. FILED JAN 31 1939 J. B. Bredek
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29 1939

22. I HEREBY CERTIFY, That I attended deceased from
....., 1939 to....., 1939
I last saw her 1/22 alive on....., 1939 Death is said
to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:

Bendopneumonia 1/20
Coronary Arterial Disease ?
Other contributory causes of importance:
Acute Cardiac Failure 1/28

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?.....

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 (if any) related to occupation of deceased? No
If so, specify.....
(Signed) [Signature]..... M. D.
(Address) 3606 Travis

Handwritten signature

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 *Francis Owens*

Licensed Embalmer No. *2245*

P. O. Address _____

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.