

Registration District No. 791
1000

Primary Registration District No. _____

Registrar's No. 10680

1. PLACE OF DEATH: JAN 12 1940
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3532 Haliday 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lina K. Stockhausen 322
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles W (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 31 1875
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>64</u>	<u>6</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Kroeker

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Pabst

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas W Stockhausen

(b) Address in 1137 Bellerive

17. (a) Burial (b) Date thereof 12/15/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk

18. (a) Signature of funeral director John K Ziegenheimson

(b) Address 7027 Gravois

19. (a) DEC 14 1939 (b) J. J. Bredeck
(Date of issue - local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1137 Bellerive
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1939 hour 1:15 minute 1 A. M.

21. I hereby certify that I attended the deceased from Oct 10
1938, to Dec 12, 1939;
that I last saw her alive on 12-12, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death
due myocardial arterial hypertension Duration 2 years

Due to Cerebral Hemorrhage (apoplexy) 3 hours

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? _____ (Specify type of place) (e) Means of injury fall

23. Signature Hubert S. Langford (M. D. or other) _____

Address 3115 So. Grand Date signed 12/12/39

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.

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..... *G. P. Kildwell*

Licensed Embalmer No..... *3877*

P. O. Address..... *6937^a Grand*

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.