

FILED MAY 11 1944
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
719 So. 23rd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 74 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 719 So. 23rd St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leo Stock Sr.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 2, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 8 hr. _____ min.

9. Birthplace Bavaria Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 25 Years
11. Industry or business Packer for Hax-Smith.

MOTHER FATHER { 12. Name Carl Stock
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Veith
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Stock Jr.
(b) Address 2306 Herman

17. (a) Burial (b) Date thereof April 12, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cem.

18. (a) Signature of funeral director Herbert W. Sidenfader
(b) Address 1802 Union St.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1944 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 9, 1944 to one week 4/10, 1944
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above

Immediate cause of death Acute Myocardial
Asthma with Myocarditis
Duration 4 days

Due to _____
Due to Arterio Sclerosis 8-10 yrs

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations 9321
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?

23. Signature Dr. J. W. Miller (M. D. or other)
Address 109 1/2 St. Joseph, Mo. Date signed 4/10/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Herman W. Sidenfaden*

Licensed Embalmer No. *2728*

P. O. Address *St. Joseph, 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, fact should be so stated above.