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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 819

Registrar's No. 173

1. PLACE OF DEATH:

(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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether 10
In this community ? years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2901 N. Taylor Ave. 109
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Stock

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 11, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	8	25	hr. min.

9. Birthplace -- (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Thomas Stock
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Elizabeth Sparmes
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Augusta Stock
(b) Address 2901 N. Taylor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 8 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th year 1945 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov 13 1944, to Jan 6 1945; that I last saw her alive on Jan 6 1945, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	7 wks
Due to Hypertension and	
Due to General Arteriosclerosis	10 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83

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? (Specify type of place)

While at work? Means of injury 0

23. Signature Seth P. Smith (M. D. or other)

Address 4500 Clarence Date signed Jan 6 1945

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Milner

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.