

FILED JUN 21 1945

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5218**

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:
1726a Union Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1726a Union Avenue.**
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME **Jakob Stockle.**

(b) If veteran, name war **None** (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Married.**

6. (b) Name of husband or wife **Leta M. Stockle.**
6. (c) Age of husband or wife if alive. **45** years

7. Birth date of deceased. **November 15th. 1884.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 28 hr. min.

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

10. Usual occupation **retired merchant**

11. Industry or business.....

12. Name **Dont know.**

13. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

14. Maiden name **Dont know.**

15. Birthplace **Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Leta M. Stockle.**

(b) Address **1726a Union Avenue.**

17. (a) **Burial** (b) Date thereof **6-**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch, Inc.**

(b) Address **5966-68 Easton Avenue.**

19. (a) **JUN 13 1945** (b) **J. F. Bredsch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **12**
year **1945** hour **6 a.m.** minute **A.M.**

21. I hereby certify that I attended the deceased from **About 3-15-40**
19 **6-12-** 19 **45**
that I last saw h. (h) alive on **6-11-** 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death. **Burialis of Fever**
Mis-Cerebric Chronic
Due to **Dropay.**

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration **2-8 yrs**
6-8 "
3-yrs.

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?

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

23. Signature **G. B. Cochran** (M. D. or other) **M.D.**
Address **1502nd Union Bldg.** Date signed **6-12-45**

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

MOTHER FATHER

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

Rex C. Campbell

Licensed Embalmer No.

3881

P. O. Address

S. L. Davis, 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.